

Section I – General Information

Name of State Agency	
Department of Human Resources Social Services Administration	
Period Under Review	
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Table of Contents

I.	General Information	Page
	Agency Structure and Programs	4
	At a Glance: Maryland Profile Data Highlights	8
II.	Systemic Factors	
	Statewide Information System Capacity	9
	Case Review System	
	1. Written Case Plan	12
	2. Parental Participation in Case Plan	14
	3. Periodic Review of Child's Status	17
	4. Permanency Hearings	18
	5. Participation in Hearings and Reviews	19
	Quality Assurance System	
	1. Standards to Ensure Quality Services	20
	2. Quality Assurance System	21
	Staff and Provider Training	
	1. Child Welfare Staff Training	24
	2. Foster/Adoptive Parent and Provider Training	29
	Service Array and Resource Development	
	1. Reunification Services	33
	2. Pre-Placement Prevention Services	42
	3. Adoption and other Permanency Services	52
	4. Statewide Service Accessibility	56
	Agency Responsiveness to Community	
	1. Coordination with External Stakeholders	57
	2. Service Coordination with Other Agencies	59
	3. Contracts with Other Agencies	60
	4. Compliance with Indian Child Welfare Act	62
	Foster and Adoptive Home Licensing, Approval, and Recruitment	
	1. Standards for Foster/Adoptive Homes and Residential Facilities	63
	2. Application of Approval and Licensing Standards	68
	3. Criminal Background Checks	68
	4. Recruitment/ Retention of Foster/Adoptive Homes	69
	5. Adoption Across Jurisdictional and State Boundaries	70
III.	Maryland States Child and Family Services Review Data Profile	72

IV. Narrative Assessment of Child and Family Outcomes

Safety

1.	Trends in Safety Data	86
2.	Child Maltreatment	89
3.	Cases Opened for Services	92
4.	Children Entering Foster care based on Child Abuse and/or Neglect	92
5.	Child Fatalities	92
6.	Recurrence of Maltreatment	93
7.	Incidence of Maltreatment in Out-of-Home Care	95

Permanency

1.	Trends in Permanency Data	95
2.	Foster Care Population Flow	96
3.	Placement Types for Children in Foster Care	96
4.	Permanency Goals for Children in Foster Care	97
5.	Achievement of Reunification	97
6.	Achievement of Adoption	98
7.	Termination of Parental Rights	98
8.	Stability of Foster care Placements	100
9.	Foster Care Re-Entries	100
10.	Length of Stay in Foster Care	101

Child and Family Well-Being

1.	Frequency of Contact	102
2.	Educational Status of Children	103
3.	Health Care for Children	104
4.	Mental Health of Children	106

V. State Assessment of Strengths and Needs

Assessment

1.	Primary Strengths	107
2.	Needs that Warrant Examination	109
3.	On-site Locations	109
4.	Statewide Assessment Process	111
5.	Participants in Development of Statewide Assessment	111

VI. Glossary of Acronyms 114



Agency Structure & Programs

The Maryland Department of Human Resources (DHR) is the State's human services agency. The Secretary of the Department reports to the Governor, and is responsible for providing many human service programs including child welfare services to Maryland's citizens through local departments of social services in Baltimore City and the State's 23 counties. The following human services are provided by the Department:

Child Care Services

These are designed to foster the development of a child care system that meets the needs of Maryland's families for safe and appropriate child care and helps low income families obtain child care to support their efforts to achieve and maintain economic independence.

Family Investment Services

These are services and benefits designed to help families achieve independence through work, personal and family responsibility, and community involvement. They include help in finding a job, temporary cash assistance (TCA), medical assistance, and food stamps.

Child Support Services

This program enables, encourages, and enforces parental responsibility through innovative programs, partnerships, and technology, thereby contributing to child and family well-being.

Community Services

These programs provide resources and direction to promote high quality community based services to assist disadvantaged and vulnerable individuals and families to meet their basic needs, integrate into the community, and achieve economic independence. Some of the services include adult services (focusing on the needs of the elderly, disabled, and vulnerable adults), transitional services (addressing homelessness, the needs of women and families in crisis and transition, crime victims, etc.), refugee services, home energy services, legal services, and personal assistance services for eligible adults with disabilities.

Child Welfare Services:

Child welfare services are designed to prevent child abuse and neglect, protect vulnerable children, support family stability, and promote family independence. Services include child protective services, in-home family preservation services, kinship care, foster care, and adoption services.

The Social Services Administration (SSA) within the Department of Human Resources (DHR) is responsible for supervising the delivery of child welfare services statewide through the local departments of social services and in cooperation with community partners. SSA provides supervisory oversight by writing and interpreting regulations and policies, monitoring local departments for compliance, and providing technical assistance. A more detailed description of the child welfare programs supervised by SSA and provided by the local departments of social services is as follows:

Child Protective Services (CPS) - is a specialized service provided by local departments of social services to children and families in situations where neglect or physical or sexual abuse is alleged. In Maryland, 32,700 CPS investigations were conducted in State FY 02. CPS supports families so children are safe and well-cared for in their homes. In State FY 02, 6,400 families and 15,000 children received post-investigation services.

Continuing In-Home Family Services - help families to maintain safe environments for children. These services prevent out-of-home placements when factors that pose a threat to a child's safety are eliminated and parents are assisted to support the healthy growth of their children. Over 3,600 families and 8,700 children were served in this program in State FY 02.

Foster Care – refers to the temporary placement outside of the home of children who have been abused or neglected or who are at high risk of serious harm as well as children who have a developmental disability or a mental disorder and the parents are unable or unwilling to give proper care. While other placement options include group or institutional care, attempts are made to first place children in foster homes in proximity to their families to maintain neighborhood, community-based relationships.

Kinship Care – is the continuous, 24-hour care, supervision, and supportive services provided to a minor child, placed by a child placement agency, in the home of a relative or other individual with whom there is a family bond. Placements are in the homes of relatives, godparents, friends of the family, and other adults who have a strong kinship bond with a child. The program's focus is to preserve families by accommodating the needs of children, their biological parents, and their kinship caregivers to promote permanency and to prevent the need for foster care placements.

Adoption – or guardianship by a relative or by an unrelated individual is pursued for children who cannot return home. The Adoption Program assists local departments of social services, and other partnering adoption agencies in finding "Forever Families" for children in Maryland.

The Independent Living Preparation Program – provides learning opportunities and interactive activities to youth ages 14 to 21. Services are for youth in the custody of a local department of social services, regardless of their living arrangements, and youth who have exited foster care because they attained 18 years of age. The primary goal is to help youth make a successful transition from foster care to independence and to maintain self-sufficiency.

The Social Services Administration manages from the central office the following child welfare functions:

The Interstate Compact on the Placement of Children (ICPC), which has taken a regional approach to managing the concerns of both Washington DC and Maryland to achieve safety, permanency and well being for children.

The Maryland Adoption Resource Exchange (MARE) a statewide photo registry of children waiting to be adopted and approved adoptive parents.

Adoption Search, Contact & Reunion Services to reunite adult adoptees with members of their birth families.

The Licensing and Monitoring staff is committed to developing resources that meet the needs of children requiring out-of-home placements. Licensing entails the review of prospective provider applications of agencies interested in opening a group home for the care of four (4) to twelve (12) children. These group homes must meet regulatory standards prior to receiving a license to operate. Additionally, Licensing staff provides oversight to all private Licensed Child Placement Agencies as well as Adoption Agencies. Monitoring of the licensed facilities occurs at least once every quarter except in cases where situations necessitate more frequent visits. Nearly 300 licensed sites are inspected every year.

SSA Purchase of Care contracts with licensed childcare provider agencies allow local departments of social services to place children in safe facilities. SSA partners in the placement of children are the Departments of Health and Mental Hygiene, Juvenile Services and the Developmental Disability Administration.

One Church, One Child (OCOC) connects community religious leaders with adoption agency officials to secure homes for waiting children. This national adoption recruitment program encourages places of worship to help at least one family in their congregation to adopt. OCOC has 15 adoption support groups with places of worship in Baltimore City and the counties of Prince George's, Baltimore, Montgomery and Somerset.

The Maryland Children's Electronic Social Services Information Exchange (MD CHESSIE), is the state's SACWIS Project, currently in development. This automated case management system is designed to capture and track child welfare data statewide, and incorporates the requirements for the federally mandated Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS).

SB-512 – CINA-Drug Exposed Infants Program, a pilot program jointly administered by the Departments of Human Resources and Health and Mental Hygiene, is designed to offer the appropriate level of substance abuse treatment to 300 mothers who have a positive toxicology for heroin, crack and/or cocaine upon admission to the hospital, or at the time of birth of a child with a positive toxicology. The pilot program has been able to meet its target of providing drug treatment services to 300 mothers a year in the jurisdictions of Baltimore City, and the counties of Prince George's, Washington, Dorchester, Wicomico, Worcester, and Somerset. With no additional funding, the pilot program has been expanded to Howard County. A major accomplishment is that at least half of the women identified through this pilot have enrolled in drug treatment programs.

The drug exposed infants program is part of a larger initiative to Integrate Substance Abuse & Child Welfare Services that began with legislation enacted in 2000. The collaboration of the Social Services Administration with Maryland's Alcohol and Drug Abuse Administration has facilitated:

1. Cross training for Child Welfare & Substance Abuse personnel;
2. Co-locating substance abuse experts in local departments of social services, to assess and refer clients for the appropriate treatment and to encourage those who need treatment to participate and;
3. Courts ordering substance abuse assessment and treatment for a parent at the time of an initial hearing.

Significant Environmental Considerations

LJ vs. Massinga Consent Decree

The Baltimore City Department of Social Services has operated foster care services under the requirements of a federal consent decree since 1988. The decree sets forth compliance standards for foster and kinship care cases, such as caseload ratios, monthly visits with children and health care requirements etc. The Department of Human Resources oversees the performance of the Baltimore City DSS and monitors adherence to the standards.

Fiscal Environment

Just as in many other states, in 2001 Maryland began to experience the negative effects of the economic downturn. In the fall of that year, a hiring freeze was imposed on most of state government, including child welfare. Although some exemptions have been granted, lack of funding has limited the filling of vacancies. As the freeze continues to this day, many child welfare positions have been abolished or remain vacant.

At a Glance – Maryland Data Profile Highlights

1. Recurrence of Maltreatment

Federal standard 6.1% or less

Maryland 8.0%

This number reflects a count that includes two Maryland categories: Substantiated and Unsubstantiated. Maryland Law defines Unsubstantiated as “An insufficient amount of evidence to support a finding of indicated or ruled out”.

2. Incidence of Child Abuse/Neglect in Foster Care

Federal standard 0.57% or less

Maryland 0.5%

Due to current data limitations, Maryland’s measure does not include facility staff.

3. Children Reunified in Less than 12 months

Federal Standard 76.2%

Maryland 53.2%

Clearly an area where the state needs to improve, Maryland has begun working on analyzing the data with a goal of developing strategies to facilitate more timely reunification where appropriate.

4. Children Exit to Adoption in 24 months

Federal Standard 32%

Maryland 14.7%

Like many states, Maryland struggles to achieve this standard. We have solicited the help of the National Resource Center to help improve our practices, asked the Foster Care Court Improvement Project to address court processes, and instituted a workgroup to suggest strategies to reduce the time to finalize an adoption.

5. Percentage of children with no more than two placement settings

Federal Standard 86.7%

Maryland 94.5%

Even though we have achieved the federal standard, the stability of placements remains a priority for the Department. We will continue to measure local department performance in this area and provide assistance to those jurisdictions needing improvement.

6. Children Who Re-Enter Foster Care within 12 months

Federal Standard 8.6% or less

Maryland 8.3%

Children who must re-enter foster care within twelve months may not have received services that promote permanency.

Section II: Systematic Factors

A. Statewide Information System Capacity

1. Discuss how effectively the State is able to meet the State plan requirement that it operate a Statewide information system that can determine the status, demographics, location, and goals for all children in foster care in the State. In responding, consider the accessibility of this information to State managers and local staff and the usefulness of the information in carrying out the agency's responsibilities.

EXISTING DATA SYSTEM CAPABILITIES

Client Information System

The Social Services Administration's (SSA) principal data system is the Client Information System (CIS), a DB2 database resident on an IBM mainframe located in Gaithersburg, Maryland. SSA shares CIS with other administrations of the Department of Human Resources (DHR). CIS is actually made up of three sub-systems, one for income maintenance programs, one for child support enforcement, and one for family and adult services (CIS Services). The three sub-systems share a common data base which stores basic information about participants who are registered on any of the systems. The common database also assigns unique client identification numbers to clients and service unit identification numbers to groups of individuals receiving a service together. In turn, the CIS Services sub system is used by DHR administrations for:

- Adult services in the Community Services Administration
- Child care services in the Child Care Administration, and
- Child and family services in the Social Services Administration

The CIS Services subsystem allows staff in the three administrations to perform:

- 1) Inquiries – staff can view data relating to clients;
- 2) Name and client ID search – staff can conduct a statewide search for clients known to any of the subsystems;
- 3) Client maintenance – staff can update client service information such as demographic information, service type, and service begin and end dates.

Foster Care and Adoption Child Tracking System (FACTS)

The Foster Care and Adoption Child Tracking System is a CIS Services subsystem geared solely to record and track information on children in foster care, kinship care, and adoption in Maryland. A FACTS record includes, placement history, current placements, permanency plan, IV-E status, reason for removal from the home, special needs information, and current legal status among other data fields. FACTS is the primary source of data for Maryland's semi-annual report to DHHS, the federal Adoption and Foster Care Analysis and Reporting System (AFCARS) data system.

Together, FACTS and CIS have accurate information about the demographics and goals for children in out-of-home placements.

Functional Limitations to DHR's Data Systems

CIS Services and FACTS provide data for statistical reports and case management reports for social workers, supervisors and program managers. The information is used to identify program trends and administrative actions or court reviews that are due within specified timeframes. Despite the many strengths of the data systems, they have several limitations:

- Social workers do not generally have direct access to the system but rather complete carbonized paper forms to enter data onto the system.
- The forms go to data entry staff for entry onto the centralized data system.
- This method of data entry introduces errors into the process and produces delays in updating the system, a constant issue in Maryland.
- CIS Services and FACTS lack a user-friendly query capability for executive staff, managers, or supervisors at the local department level and at the state office. While a staff person working at a CIS terminal or at a networked PC can access instantly data on individual clients going back over a decade in time (a strong feature of the database), the information on the CIS or FACTS screen is in coded form which is difficult for the uninitiated to read and interpret.
- Even when accessed by an experienced staff person, the data in the system is available for only one client at a time. To answer a question on the ages of children in a worker's or a supervisor's out-of-home care caseload, a person would have to access the entire caseload one case at a time and check on the age of each child in turn.
- CIS Services and FACTS are not tied to foster care payments to families, treatment foster care providers, or group care providers. The systems count services or clients, not payments. Each local department is responsible for

payments. There can be considerable disconnect between payment information and client/case information. There is more pressure to keep the former up to date (dollars are involved) than the latter.

Stand-Alone or Special Purpose Databases

The demand for data is increasing at all levels of government, but managers (with a few exceptions) are unable to access information directly from CIS and FACTS. The result is a high demand for the few units such as the SSA Research Unit and the CIS maintenance contractor that can query the databases to do so and to produce ad hoc and routine reports for internal and external customers.

In addition to the CIS Services and FACTS, DHR maintains several special purpose stand-alone databases, including the Social Services Time Study (SSTS) database. SSTS is the basis for reimbursement from the federal government of tens of millions of dollars in Title IV-E and other federal funds. A second important stand-alone database is the Maryland Adoption Resource Exchange (MARE).

MARYLAND CHILDREN'S ELECTRONIC SOCIAL SERVICES INFORMATION EXCHANGE

Maryland Children's Electronic Social Services Information Exchange (MD CHESSIE) is Maryland's version of the federal Statewide Automated Child Welfare Information System (SACWIS). The State used a certified SACWIS model from West Virginia known as the Family and Children's Tracking System as the transfer system. Current and projected child welfare policies and business practices of Maryland were also incorporated to create the framework of MD CHESSIE. The Maryland Department of Human Resources (DHR), the local departments of social services, Maximus, Inc. (Q/A Q/C Vendor) and Deloitte Consulting (Implementation Vendor), in addition to our federal partners and stakeholders, are working diligently to implement a viable system that will meet federal requirements, enhance service delivery, determine costs and outcomes and facilitate improved communications statewide. Due to the necessity for recent statewide cost containment measures, the project timeline is being extended through FY 2007. The Statewide implementation of MD CHESSIE will be completed by December 2006. With its implementation, it is anticipated that Maryland will have a computer system that will (1) increase the effectiveness of child welfare staff, (2) be an invaluable tool to management when determining costs and outcomes, and (3) interface with other automated systems to share information and strengthen communication.

B. Case Review System

1. *How effectively is the state able to meet the requirement that each child in foster care under the State's placement and care responsibility have a written case plan with all the required elements?*

Within two months after placement, the local department of social services, together with the child's parent or legal guardian, shall develop a written case plan for each child in out-of-home placement. The case plan shall be reassessed within 120 days of the initial plan, and every 180 days thereafter. The local department shall amend the case plan, as necessary, to reflect the child's situation and of any court orders that affect the child. The Citizen's Review Board checks on the timeliness of case plans at each review they conduct. The case plan continues to require the development of the following within two months of the child's placement:

- Primary and secondary permanency plan (concurrent permanency planning);
- Service agreement that outlines specific service delivery tasks by the local department of social services, together with the child's parent or legal guardian;
- Visitation plan for the parent/legal guardian and siblings;
- Projected date when the permanency plan is expected to be achieved;
- Description of the changes in the caregiver's behavior and circumstances that must occur to ensure the child's safe return if the plan is reunification;
- Services that have been identified to address the child's and caregiver's needs;
- Narrative that describes where the child is placed, the child's health and safety needs, how the placement meets the child's needs for safety and well-being and how the plan addresses the child's needs as identified;
- Description of how the caseworker intends to carry out the court order

Case plan content includes assessments, and based on these assessments, identified outcomes with projected timeframes for achievement. The contents of the case plan include the following:

- The assessment of permanency needs include consideration of the following when determining a primary and secondary plan in the best interest of the child:

- a. Child's attachment and emotional ties to the parents, legal guardians and siblings;
 - b. Child's emotional attachment to the current caregiver and the caregiver's family;
 - c. Length of time the child has resided with the current caregiver;
 - d. Potential emotional, developmental and educational harm to the child if moved from the current placement;
 - e. Potential harm to the child by remaining in State custody for an excessive period of time.
- Assessment of the child's health, education, and care needs includes:
 - a. Somatic and mental health assessments and evaluations according to EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Program.
 - b. Enroll and obtain educational records, monitor progress and request special needs assessment, if appropriate.
 - c. Assessment of daily living needs and any special care requirements.
 - Assessment of the family's overall needs in order to conclude out-of-home placement, includes:
 - a. Specific reason why child needed to enter out-of-home placement;
 - b. Visitation with family members including siblings;
 - c. Assessment of family strengths and needs to determine the appropriate service interventions to promote family stability.

Maryland instituted the Family-to-Family system of care for out-of-home foster care services. The Family to Family system is a practice model that:

- a. Will assess the families and children being considered for removal and determine service needs to preserve the family;
- b. Will target children in congregate/institutional care back to their neighborhoods;

- c. Will involve resource families as team members in reunification efforts;
- d. Will strengthen communities to encourage neighborhood resources so that children can remain near their families;
- e. Will provide permanent families for children in a timely manner;
- Caseworkers must focus on linking parents or guardians with the appropriate services and resources to resolve difficulties that created the need for an out-of-home placement.
- Time limited reunification services are provided to the child, parents or caregivers to facilitate the safe reunification of the child within the first 15 months in care.
- System for measuring compliance:

The Child Welfare and Adult Services Performance System (CAPS) is the principal means of documenting results in Maryland's local departments of social services. CAPS combines case record reviews during site visits with outcome and output data derived from the Department of Human Resources' Client Information System (CIS). The system monitors performance in accordance with State policies that require the goals of safety, permanency and well-being are being met. CAPS is discussed in detail in Section C – Quality Assurance System.

2. *How effectively is the state able to meet the case review system requirement that parents of children in foster care participate in developing the child's case plan? In responding, consider their participation in activities such as identifying strengths and needs, determining their goals, requesting specific services and evaluating progress related to their children.*

In Maryland, family participation in the child's case plan is required by Code of Maryland Regulations, (COMAR). The parents or legal guardian are encouraged to participate in placement, permanency planning, and development of a service agreement. Within the first five days of placement, the caseworker schedules a family team meeting to define the issues, clarify relationships, and initiate planning for the child. This meeting includes the birth parent(s), the foster parent(s); relative caregivers, the caseworker, the supervisor (if available), and the child, if appropriate. At the family team meeting the parents are requested to provide the following information:

- The names, addresses and telephone numbers of any relatives and the absent parent, if applicable;

- Information about the child's schedule, health, eating habits, etc. to be recorded on the Health Passport;
- The name and phone number of the child's health care provider;
- Information about known illnesses, medications, allergies;
- If the child is pre-school age, information on the child's developmental history (teething, crawling, walking, talking, etc.);
- If the child is of school age, the child's school, grade, academic level, strengths and weakness;
- Information about the medical history of the family, parents, grandparents, siblings, aunts, uncles;
- Social Security numbers, current addresses, employment history, and birth dates;
- Signature on the Consent to Health Care and release of records.

At this initial meeting, a visitation schedule is developed. The visitation plan becomes part of the service agreement. Weekly visits are recommended when the plan is reunification. Exceptions to regular visitation are documented in the record and the court is notified to include changes in visitation on the court order. Documented exceptions are (1) if a parent has threatened to harm the child, (2) if a clinician has stated in writing that visitation would be detrimental to the child, and (3) if the child refuses to visit. In the latter, the caseworker requests this issue to be addressed in the child's treatment. The caseworker focuses on linking the parents or legal guardian with the appropriate services and resources to help resolve the difficulties that originally created the need for placement.

While providing services, the caseworker and the foster parent keep the birth parent involved in the child's life as much as possible. This is achieved by sharing school or health-care appointments and information with the parents or legal guardian. The foster parents facilitate this process by asking the parents or legal guardian to accompany them to school meetings or health appointments. The foster parents are encouraged to talk to the parents about problems the child is having in school or in the foster home. The parents can be asked to speak to the child about the problems. Subsequent meetings are scheduled on an as-needed basis. Typical tasks for subsequent meetings are discussing progress toward reunification and problems with the child's behavior or placement.

In order to facilitate progress in achieving a permanency plan, time-limited reunification services are provided. These are services and activities that are provided to the child and/or his parents in order to facilitate the safe reunification of the child within fifteen months. The time-limited services include:

- Individual, group, and family counseling;
- Inpatient residential or outpatient substance abuse treatment services;
- Mental health services;
- Assistance to address domestic violence;
- Services to provide temporary child care and therapeutic services for families, including crisis nurseries;
- Transportation to and/or from any of the services.

The caseworker assesses the progress made toward reunification by determining the timeliness of task completion and changes in the parents' behavior. The caseworker may facilitate the parents' progress in several different ways by:

- Reviewing with parents any progress reports from mental health or other professionals;
- Monitoring and coordinating services delivered by other providers;
- Encouraging the parents to accompany the child and foster parents to health or school appointments;
- Involving the parents in most of the decisions made for the child;
- Informing the parents that they continue to be responsible for the child's maintenance and initiating child support action;
- Regularly reviewing progress toward completion of the tasks identified in the service agreement; and,
- Offering the parents praise and encouragement for positive changes in behavior and their interactions with the child.

The caseworker provides the parents with a copy of the completed permanency plan and service agreement. Services are provided to the child's family that include monitoring the safety and well being of any child remaining in the family home. These services include home visits to discuss the needs of the child in care as well as observing the family home environment. Relationships are

established and visitation among siblings is promoted. Regardless of circumstances, all policies, practices and methods are employed to engage families in case planning.

The 2002 statewide Child Welfare & Adult Services Performance System (CAPS) data indicates that 95% of all case plans document visitation for parents, and 92% of all case plans have a completed, signed and dated service agreement.

3. *Citing any data available to the State, discuss how effectively the State is meeting the requirement that the status of each child in foster care be reviewed periodically, i.e., at least every 6 months, by a court or by administrative review.*

Out-of-Home Placement has Federal, State and judicial mandates that require periodic reviews for all children in an Out-of-Home Placement. These reviews are as follows:

- a. Permanency planning hearings are held for every child at the 12th month of placement and every six-months thereafter. There are two exceptions, which are:
 - 1) Children placed in court-sanctioned permanent placements. They are heard every 12 months; and
 - 2) Children awaiting finalization of the adoption. They are heard every 12 months.
- b. Citizens Review Board for Children (CRBC) consists of volunteers appointed by the Governor who review the child's progress toward having a permanent family. CRBC is given a copy of the current case plan, current court order, and a list of interested parties. CRBC recommendations are kept in the child's record. By statute, the court is required to consider the recommendations of the local CRBC regarding the child's out-of-home placement.
- c. Administrative Panels consists of the caseworker, supervisor and a disinterested third party not responsible for case management or delivery of services. Interested persons are notified and invited to the review. The recommendations and list of participants are filed in the case record.

The following FY 2002 data is provided by the Citizen's Review Board for Children:

- 7393 citizen reviews were conducted;
- The Review Boards concurred with 92% of the permanency plans, 78% agreement for plans to return home, 90% agreement for relative placement, 98% agreement for adoption; and 99% agreement for independent living (when that was still considered a permanency plan);
- The Review Boards found the local department of social services used safety protocols in 98% of the reviews;
- The Review Boards found that progress toward achieving permanence was adequate in 89% of the cases: 86% for plans of return home, 90% for relative placement, 83% for adoption or guardianship;

Procedure(s) for supporting biological and foster family attendance at reviews are:

- a. Out-of-Home Foster Care Placement Program Manual places responsibility for review notification to parents or legal guardians with the caseworker.
- b. The Program Manual also provides for notification to resource (foster) families of all reviews. It should be noted that the foster families are not considered parties to the hearing.
- c. The above review notifications noted from the Program Manual are based on State statutes and regulations.

4. *Citing any data available to the State, discuss how the State meets the requirement that permanency hearings for children in foster care occur within prescribed timeframes. Discuss the effectiveness of these hearings in promoting the timely and appropriate achievement of permanency goals for children.*

Like periodic reviews, permanency-planning hearings are a major safeguard of Title IV-B of the Social Security Act. They are required by state law and regulation (COMAR). A permanency planning hearing is held for each child in out-of-home placement no later than 12 months after the original placement and every 6 months thereafter, unless:

- 1) The child has been placed in court-sanctioned permanent out-of-home placement home. To achieve permanent out-of-home placement status, the court order must specify by name the foster parents with whom the child will be permanently placed. A permanency planning hearing must be held for these cases every 12 months.

- 2) The child is in an adoptive placement awaiting finalization and the parents' rights have been terminated. A permanency planning hearing must be held for these cases every 12 months until the adoption is finalized.

The permanency planning hearing must make a determination of the child's future status at a reasonable period after placement and after the case plan has been in effect. It is a hearing specifically related to matters determining the future status of the child. If the child is placed out of state or is otherwise unable to attend, the hearing must be held with a notification to the attorneys and court prior to the hearing that the child cannot appear.

To prepare for a permanency planning hearing the worker is expected to:

- 1) Discuss the proceeding with the child, including who will attend, the purpose of the hearing, whether he may be asked to speak, etc.
- 2) Discuss the permanency plan with the parents and foster parents and determine in advance if they agree with the plan that will be presented in court.
- 3) Send copies of the latest case plan or court report to the court, agency attorney, the child's attorney and the child's parents at least 10 days before the hearing.
- 4) Discuss the case with the agency attorney either in person or by telephone.

The method for ensuring tracking:

After each permanency hearing, the information is to be entered into the data system. At this time, the next scheduled permanency hearing date is also entered. This ensures that the six-month timeframe is tracked.

5. ***Citing any data available to the State, discuss how effectively the state meets the requirement to provide foster parents, pre-adoptive parents, and relative caregivers of children in foster care with notice of, and opportunity to be heard in, any review or hearing held with respect to the child in their care.***

COMAR requires the local department to give advance notice of a review or hearing, whenever possible, to the parents or legal guardian, child, foster parents or the foster parents' attorney, pre-adoptive parent, or relative caregiver, and document the notice in the child's record. These caregivers are not, however, considered parties to court hearings. The local department, in preparation for the periodic review held by:

1. The court, gives seven days notice of the review, whenever possible, to the parents or legal guardian, child, foster parent or the foster parent's attorney, pre-adoptive parent, or relative caregiver; and
2. An administrative panel, invites the participation of the parents, legal guardian, foster parents, pre- adoptive parents, relative caregivers, and the child's attorney.

The local Citizen's Review Board for Children is also required by regulation to invite caregivers to their reviews.

Input is solicited for the child's review or hearing from resource families to provide information that helps to formulate the child's permanency plan. This input also aids the court in determining progress towards the permanency goals. The Resource Parent Handbook was revised to inform the caregivers about the opportunity to be heard in a review or hearing for a child in their care. The PRIDE Program (Pre-Service Training for Resources Parents) uses a module entitled "Team Work Toward Permanency" which provides specific training for the foster parents in their shared responsibility as members of the team and promotes the understanding of their role as team members in the hearing, review, and permanency planning process.

C. Quality Assurance System

1. ***Discuss how the State has complied with the requirement of section 471 (a)(22) of the Social Security Act to develop and implement standards to ensure that children in foster care placements are provided quality services that protect their health and safety, and any effects of implementing the standards to date.***

Regulations require that children in out-of-home placements receive the services they need to insure their well-being. These include somatic and mental health assessment and follow-up on any recommendations, dental services and an appropriate school program. These requirements are monitored as part of the CAPS reviews. Considerable difficulty has been encountered in insuring that children receive dental and specialty medical care. This appears to be related primarily to reimbursement rates that are not adequate.

2. Discuss the effectiveness of the agency's quality assurance system in helping to ensure safety, permanency, and well-being for children served by the agency and their families in all jurisdictions of the State. In responding, discuss the jurisdictions in the State covered by the quality assurance procedures, the capacity of the system to evaluate the adequacy and quality of the State's child and family services system, and its capacity to produce information leading to program improvements.

Child Welfare Services in Maryland have an extensive quality assurance process that involves both internal and external reviews of local departments practice. These reviews are designed to focus on the best possible outcomes for children served, and to reinforce best practices for local departments. All of the processes described in this section are applied to each Local Department of Social Services in Maryland.

Court Reviews

Cases of children in out-of-home care are reviewed regularly by the courts. This process begins initially at a Shelter Care hearing, where the local departments must identify the need to place the child into out-of-home care and demonstrate to the court that reasonable efforts to prevent placement were unsuccessful. If continued placement is indicated, the court will adjudicate the child a "child in need of assistance" (CINA). At this hearing the court reviews the case plan for the child as well as the permanency plan proffered by the local department. Hearings to monitor progress occur every 6 months until the child's case achieves a satisfactory outcome. In addition to reviewing the progress of the case and approving the child's permanency plan, the court can stipulate at any time requirements to the parties that are deemed necessary.

Local Department Reviews

All open cases in the local departments receive periodic administrative reviews. As Maryland's local departments of social services pursue accreditation, this requirement has been given considerable attention. In-house reviews can be supervisory or unit reviews, peer reviews or in some instances multidisciplinary team reviews involving community members. The frequency and membership of the review process is defined by the local department.

Child Protective Services investigations may involve the multidisciplinary team process. Maryland regulation allows for and encourages this process, especially in difficult cases. The Maryland safety assessment instrument identifies the requirement to conduct a multidisciplinary team review for cases that have multiple referrals to the local department, regardless of the disposition of those referrals.

Maryland regulation requires that all in-home family service cases be reviewed every six months and that cases open longer than twelve months be reviewed by local department administration.

Besides the external reviews, out-of-home care cases require supervisory review of the case plan at a minimum of every six months.

Child Welfare & Adult Services Performance System (CAPS)

CAPS is the Department of Human Resources quality assurance program.

Based on a Managing for Results model, CAPS focuses on the key outcomes, outputs and compliance indicators of all child welfare programs. Outcomes and outputs are calculated for each local department using the data in the State's Client Information System (CIS). Compliance measures are calculated by conducting record reviews in the local departments. The Department reviews a sample of approximately 250 cases in each jurisdiction. Key compliance indicators are applied to all program areas (Child Protective Services, In-Home Family Preservation Services, Kinship Care, Foster Care, Adoption, Independent Living and Resource Homes.) Sample results are intended to demonstrate compliance with an 85% precision of the estimate.

Local departments that do not achieve certain standards with their results are required to submit a performance improvement plan to the State office. This is designed to focus efforts on the areas most in need of improvement in that local department.

Since CAPS was instituted in 1999, the review process has continued to evolve. Most recently, the Department added items to the foster care review that focus on well being of children and the provision of needed services. These changes were an improvement resulting from a legislative audit of foster care, and over time will assist Maryland in collecting information that will identify service gaps in our local jurisdictions.

Citizens' Review Board for Children

The CRBC consists of two major components – local boards that review children in out-of-home placement and local child protection panels. In conducting approximately 7000 out-of-home reviews annually, the local boards provide an external check on critical elements of the cases, such as timeliness and completeness of case plans, adequacy of efforts to implement the permanency plan, use of safety protocols, and appropriateness of living arrangements. The child protection panels are tasked with assisting the State CRBC and the State Council on Child Abuse and Neglect in assessing the effectiveness of child protection agencies. As this group uses a broad definition of the child protection

system, their recommendations address more services than just those of the child welfare agency.

State Fatality Review Team & State Council on Child Abuse/Neglect Project

The State Fatality Review Team and the State Council on Child Abuse and Neglect were established in 1999 through the passage of Maryland Senate Bill 464 – Citizen Review Panels and Child Fatality Review Teams. Operating independently of the Department of Human Resources, they serve as external reviewers to make recommendations for system improvement.

The mission of the State's Child Fatality Review Team is to review "cases of unnatural, unexplained, unattended and unexpected child deaths" and make recommendations for systemic change aimed at reducing fatalities in the future. The scope of the fatality review process extends beyond the parameters of child welfare as it reviews the deaths of all individuals under the age of eighteen.

The Department of Human Resources has requested that in cases involving suspected child abuse and/or neglect that the fatality teams identify

- All cases of child death that are directly attributable to child abuse or neglect, and;
- All cases of child death where abuse or neglect was occurring within the family.

Office of Legislative Audits

The Audit Division of the Office of Legislative Audits reviews programs at the direction of the Maryland General Assembly, not on any routine basis. However, in FY 2001 they were directed to conduct a performance audit of the Department's Out-of-Home Placement program. Although they found that the Department was attending to the safety of children in out-of-home placement (protecting them from abuse and neglect in placement), a number of their service needs were not documented as being met. (These findings are addressed more fully in Section E, Service Array). As a result of the audit findings, the Department instituted a number of measures to demonstrate improved performance. A follow-up audit conducted in the summer of 2003 has verified improvement in those areas.

D. Staff and Provider Training

- 1. Citing any data available to the State on the numbers and timeframes of staff trained, discuss the effectiveness of the State's initial and ongoing training for all child welfare staff employed by the agency that includes the basic skills and knowledge required for their position.***

Maryland House Bill 1133, *The Child Welfare Workforce Initiative of 1998*, requires that all "direct service" staff providing child welfare services meet specified minimum qualifications, receive training and pass a competency test. The law also mandates standards for continuing education for all caseworkers and casework supervisory staff.

The Social Security Act Title IV-E BSW/MSW Degree Program provides funds to public or other nonprofit institutions of higher learning for special projects for training personnel for work in the field of child welfare, including traineeships with stipends and allowances.

The Department of Human Resources, Social Services Administration partners with the University of Maryland, Baltimore (UMB) for Pre-Service and In-Service Training. The Department of Training was formed within the UMB School of Social Work and has provided training to line and supervisory staff since 1978. In 1997, the Department of Training instituted a Competency-Based Training and Certification program. This program was designed to promote the attainment of awareness, knowledge, and skill among practitioners in public child welfare services.

PRE-SERVICE TRAINING

All newly hired staff that will provide direct casework services are required to complete nine days of pre-service training and pass a competency test. This includes caseworkers in Screening, Investigation and Continuing Child Protective Services, Foster Care Intake and Continuing Services, Kinship Care, Family Preservation, Adoption and Foster Care Recruitment and Home Finding. Supervisors of these staff are also required to pass the competency test. The training consists of six modules:

- Module 1 - Foundations of Practice in Human Services
- Module 2 - Ecological Context of Practice in Human Services
- Module 3 - Basic Assessment in Human Services
- Module 4 - Elements of Case Planning
- Module 5 - Fundamentals of Effective Interviewing in Human Services
- Module 6 - Family & Children's Services Orientation - Strength/Risk Assessment

• Staff receive Continuing Education Credit Hours and certificates for all completed courses.

Staff training and development plans are incorporated into Maryland's Performance Planning and Evaluation Program (PEP) that is implemented at every local department.

IN-SERVICE TRAINING

Each year child welfare service staff must complete 12 hours of continuing education courses, as a part of the Maryland Performance Planning and Evaluation Process. The Training Department offers recommended training tracks that supervisors may use to guide them in assessing and meeting staff training needs. For example, a recommended training track for a Child Protective Services Intake/Investigation worker is: Pre-Service Training (9 days), Introduction to CPS (2 days), Safety Assessment and Safety Planning (2 days), Investigative Interviewing (2 days).

The worker dealing with child sexual abuse may wish to continue with Introduction to Child Sexual Abuse (2 days), Interviewing in Child Sexual Abuse (2 days), Assessing True and False Allegations in Child Sexual Abuse (1/2 day), Understanding the Dynamics and Treatment Of Juvenile Sexual Offenders (2 days).

The worker dealing with, and/or appearing in, Court may wish to take: Child Welfare and the Court (2 days), Giving Effective Testimony in Case-Related Hearings (2 days). Additional courses might include: Assessing Mental Injury in Children (2 days), and Authority Based Practice with Involuntary Clients (2 days).

Staff receive Continuing Education Credit hours and certificates for all completed courses.

The University of Maryland maintains and reports to DHR/SSA statistical data regarding courses provided, locations and attendance on a quarterly basis and DHR's Human Resources Development and Training Office maintains data regarding competency testing compliance.

The University of Maryland Training Department and the Department of Human Resources established Training Regions, a Training Liaison network and a Training Advisory Group to create linkages with the local departments to assess training needs and the effectiveness of the provided workshops.

Workshops are presented statewide, centrally at the University and regionally at local department sites.

The University of Maryland, Baltimore collaborates with DHR to administer Maryland's Title IV-E Degree Program that prepares Bachelor of Social Work (BSW) and Master of Social Work (MSW) students for public child welfare practice. Tuition assistance yields commitment to provide casework services in a local department upon graduation for a designated time period.

The Department of Human Resources offers a work-study program for Departmental employees working in child welfare services and pursuing an MSW degree. The program provides financial support and release time to pursue a degree at an accredited graduate school of social work. This program requires a period of obligated service by the employees following completion of their MSW degree.

Measures of Effectiveness of Pre-Service and In-Service Training

The University of Maryland Training Department implemented the Individual Training Needs Assessment (ITNA) to assist in planning and enrolling for training. The ITNA form lists the competencies (awareness, knowledge and skills) that will be developed in a particular workshop. The supervisor and employee at the local department work together to review the employee's level of competence before taking the course. A post-training ITNA is completed to assess knowledge gained in training. The UMB utilizes post-training evaluations to assess the effectiveness of training and identify additional training needs and the Social Services Administration has implemented a post-training survey to obtain trainees' assessment of the impact of training and workshops on job performance.

Results

Pre-Service Training

During the period July 1, 2001 through June 30, 2002, the University of Maryland Training Department conducted 13 pre-service sessions for 516 trainees. A hiring freeze caused by changes in the state's economy reduced the number of newly hired staff, resulting in reduced offerings of Pre-Service Training in FY 03.

In-Service Training

1. During the period July 1, 2001 to June 2002, 174 In-Service workshops were conducted by the University of Maryland Training Department providing 340 training days for 3,065 social services trainees. During this period, the Department had 3347 child welfare supervisors, workers and aides. There is duplication in the number of trainees as staff may have attended more than one workshop. Maryland has had sufficient training offerings to support requirements.
2. Training sessions are available each month. The University publishes a training schedule listing the approximately 40 workshops offered each quarter.
3. A Training Liaison Network meets quarterly to assess and report local department training needs and a Training Advisory Group meets quarterly to plan course offerings.

4. The University of Maryland Training Department implemented a "Self Rating of Competence" evaluation system. Every workshop showed a positive increase in self-assessed competence upon completion of the workshop.
5. The University of Maryland measures participant responses to assess the extent to which trainees feel that workshops meet their learning needs. The average of all workshops indicates that the courses are currently targeted to meeting the varied needs of trainees who attend In-Service training.
6. The University of Maryland Training Department developed specialized training in the area of substance abuse and child maltreatment. The Social Services Administration is providing this training statewide in FY 04, beginning in Baltimore City and Prince George's County.
7. The University of Maryland has developed and offered an Alcohol and Other Drug Certification program. In March 2002, 9 department employees graduated and in April 2003, an additional 7 individuals completed the certification process.

Continuing Education

1. For the period July 1, 2001 through June 30, 2002, \$99,569 was allocated to local departments to provide training or continuing education reimbursements to child welfare services staff.
2. For the period July 1, 2002 through June 30, 2003, \$66,824 was allocated to local departments for continuing education costs. However, due to budget reductions in March 2003 these funds were rescinded. Local departments were able to expend \$8,245 of the FY 03 allocation prior to the rescission. Funds have not been budgeted in FY 04 to assist local departments with the costs of meeting continuing education requirements.

Title IV-E BSW/MSW Degree Program

1. For the period July 1, 2001 through June 30, 2002 (SFY 02), the Title IV-E Education for Public Child Welfare Program served 122 MSW/BSW students, who were specifically prepared for public child welfare practice and had a commitment to work for the Department. In May 2002, 48 of the 69 IV-E graduates were placed in local departments, 8 continued in graduate school and 13 elected to pay back the stipend. In FY 03, it is anticipated that there will be 56 MSW/BSW graduates available for placement.
2. The Title IV-E Program received 26 applications from BSW students and 96 applications from MSW students wishing to participate in FY 03. Of those applicants, 85 students were selected to receive educational

stipends totaling \$375,450 for the summer and fall academic semesters in FY 03. It is anticipated that there will be 66 graduates in FY 04.

3. Since May 1995, 179 students secured jobs in Maryland public child welfare agencies.
4. Fewer than ten percent of alumni were required to pay back their stipends because they chose a career in a field other than public child welfare.
5. A FY 2001 Satisfaction Survey revealed that 95% of the IV-E alumni ranked their satisfaction with the program as "Satisfied" (70%) or "Very Satisfied" (25%).
6. The knowledge of trainers, the relevance of trainings, and the field liaison's knowledge and experience earned a 92.6% satisfaction rating.
7. In March 2002 an independent evaluator conducted a student self-assessment in the areas of child welfare competencies. On a scale of 1 (not competent) to 10 (extremely competent), students collectively felt quite competent in the areas of case management (8.4), diversity (8.4) and working in different settings (8.3). While still feeling fairly competent, students identified that they felt less competent in the areas of working with the juvenile court system (6.9), substance abuse assessment (6.8) and sexual abuse assessment (6.5). Post training ratings reflected an average gain of +0.78 in self-rated competence as a result of training. No workshops received a negative rating, and participants estimated that training increased their competence in awareness, knowledge and skill at almost one whole step.
8. In reviewing additional data, three workshops received a perfect score in "learning needs met" -- Children's Perspectives on Death, Life Books, and Maximizing Workers' Performance.

DHR Work-Study Program

For the period July 1, 2001 through June 30, 2002, 64 employees participated in the DHR/SSA MSW Work-study program. There were 37 graduates and 27 others who continued their education. In FY 03 there were 65 participants; 49 will graduate and 16 will continue their education.

The University of Maryland, Baltimore and the Department of Human Resources have the longest continuous partnership known between a State agency and a School of Social Work in the United States. The 25 year partnership, which began as a small training operation to prepare new hires to perform casework, has now grown into a full-scale competency-based training operation offering a

wide variety of Pre-Service and In-Service workshops for beginning, intermediate and advanced line workers, supervisors and aides delivering child welfare services. In addition, the Training Department offers "train the trainer" courses, advanced certificate programs, curriculum development services and a variety of training assessment and evaluation services designed to measure trainees' learning and their transfer of knowledge to the workplace.

2. ***Citing any data available to the State, discuss the effectiveness of the State's training of current and prospective foster and adoptive families and the staff of State-licensed or approved child care institutions that care for children in the State's care or responsibility that addresses the skills and knowledge base needed to carry out their duties.***

Maryland uses the PRIDE (Parent Resource for Information, Development, and Education) Model as the pre-service training plan for foster/adoptive families. Foster/adoptive parents are dually approved and referred to as "resource families." The training focuses on both programs.

Teams of local department staff and resource parents specifically trained on the PRIDE training module deliver pre-service training locally except in Baltimore City. The schedule for the 27 hours of training varies from local departments and can range from evening to weekend class sessions. The city provides PRIDE training through a contract with Associated Catholic Charities.

PRIDE training consists of nine sessions. Following is an overview of each session.

SESSION ONE

- How the training program fits in with the process of assessing and selecting foster families and adoptive families;
- How families are licensed and certified
- The knowledge and skills that successful foster families and adoptive families need;
- Linking classroom learning with life experiences;
- Stories illustrating the rewards of fostering and adopting;
- Stories and letters from parents to help in the understanding of families of children in care;
- How children and families enter into the foster care and adoption system;

SESSION TWO

- Why family relationships are so important to growing children;
- Ways in which families may support a child's identity, cultural heritage, and self-esteem;
- The value of permanence in the lives of children and how we seek to provide it;
- Tasks for foster parents and adoptive parents to keep children connected to important family relationships during times of change;
- Why teamwork is the best way to promote permanence for children and families;
- The unique role of foster parents and adoptive parents as members of a professional team;

SESSION THREE

- A review of the basics of child growth and development;
- The importance for children of forming deep and lasting attachments;
- How family foster care affects child growth and development;
- How foster parents and adoptive parents, working with other team members, can build positive attachments with children so their developmental needs can be met;

SESSION FOUR

- The types of losses children experience before they enter foster care;
- How placement can deepen the child's sense of loss;
- The stages of loss and their impact on how a child feels and behaves;
- Training participants' responses to losses in life;
- How resource parents might respond to losses that come with fostering and adopting;
- How resource parents can help children cope with their losses.

SESSION FIVE

- How families instill identity, cultural heritage, and self-esteem in children;
- Review of the child welfare goal of returning children in foster care to their birth families (“reunification”) whenever possible;
- How the team can support reunification;
- The importance of visits;
- How to plan for visits, how to get children ready for them, and how to handle their reactions when the visit ends;
- How families can meet an adopted child's lifelong need for identity and self-esteem.

SESSION SIX

- Defining discipline;
- How discipline is different from punishment;
- The agency's policy on discipline and why physical punishment is not permitted;
- The knowledge, skills, and personal qualities adults need to instill discipline;
- The meaning of a child's behavior and the factors that influence behavior;
- The ways foster parents and adoptive parents can best meet the goal of providing discipline that works.

SESSION SEVEN

- Ways to help connect children to safe and nurturing relationships intended to last a lifetime;
- Goals for reaching permanence, starting with efforts to support families, and to place children back in their birth families or in the home of a relative;
- Other ways to provide lifelong connections to children who cannot grow up in their families.

SESSION EIGHT

- What to expect during the first hours, days, and weeks of a child's placement in a home;
- What to ask the worker and how to talk to the child;
- The long-range impact of placement;
- The risks for families fostering and adopting;
- How foster families and adoptive families find support from other team members;

SESSION NINE

- Foster parents, adoptive parents, workers, and family members present their views and answer questions. Trainees have a chance to reflect on their own growth in the knowledge and skills required for foster parenting or adoptive parenting.

In-service training for foster/adoptive families is provided through contracts with professional organizations. A printed schedule of course content and dates along with locations is made available to resource families. Alternative in-service training is also available to resource parents. Parents must receive approval for this training from the Social Services Administration. Private providers are required to meet the same training requirements as public agencies. While it is recommended that they use the PRIDE training model, it is not required. In-service training includes the courses included in pre-service training or any additional appropriate topics.

New resource parents receive 27 hours of pre-service training. Once approved, resource parents are required to receive a minimum of six hours of in-service training annually. Treatment resource parents receive 20 hours of in-service training annually.

Pre-service and in-service training includes an evaluation tool that is used to determine whether the training offered has met the needs of the resource parent and to identify the need for additional training. Local department and SSA staff meet regularly to review the outcomes from the training evaluation tool and to use the information to update the training curriculum.

The Family-to-Family model and PRIDE training both emphasize the family team approach in achieving permanency for children. All methods of training for

resource parents and staff reflect practice principles that enable them to work in a cooperative partnership.

All group care in Maryland is provided through contracts with private agencies. They are required by regulations governing their licensing to address certain topics in training. The Department monitors their personnel records to assure staff are receiving mandated training.

E. Service Array and Resource Development

1. Discuss how effective the State has been in meeting the title IV-B State plan requirement to provide services designed to help children safely and appropriately return to families from which they have been removed.

The Department of Human Resources (DHR) Out-of-Home Placement Program consists of Foster Care and Kinship Care.

FOSTER CARE

Foster Care provides a temporary out-of-home placement service for children who have been abused, neglected, abandoned or who are at high risk of serious harm and require placement outside the home. It also provides for children who have a developmental disability or mental disorder and the parents are unable or unwilling to give proper care. Services may be continued, under specified circumstances, up to age 21. The Foster Care Program includes Foster Care Intake and Continuing Services, Independent Living Services - Family Centered, Neighborhood Based Services, Treatment Foster Care and Resource Parent Services.

Services focus on safety, well being and permanency for children. Services are provided to the child's family to resolve the problems that resulted in the child's need for placement. Children are placed with a foster family in their own neighborhood if possible. Congregate care placements are made when a foster home is unavailable or inappropriate. Attempts are made to place the child in close proximity to the family to maintain the familial relationship. Time-limited services are provided using concurrent permanency planning to either reunify the family or develop a permanent home for the child within fifteen months of placement. The following permanency plans are to be considered in descending order:

- Reunification with parent(s);
- Permanent Placement with Relatives (includes legal option of adoption, guardianship or custody);

- Adoption;
- Another Planned Permanent Living Arrangement;

The list of acceptable permanency plans has been modified to reflect federal requirements. With the passage of the John H. Chafee Independent Living Act, preparation for independent living was federally defined as an offering of services and not a permanency plan. Another change in the hierarchy of federally accepted permanency plans is the addition of Another Planned Permanent Living Arrangement (APPLA). Adjustments are being made in forms and service delivery to reflect both of these changes. Also, during the next legislative session (January, 2004), the Department will be requesting proposed legislative changes to state law to reflect acceptable permanency plans.

Foster Care Services (Intake and Continuing) are provided to achieve permanency goals that meet the safety needs of children through family reunification or alternative permanent placement when reunification is not possible.

Independent Living provides preparation services to youth in out-of home care. Currently there are 11,115 children in out-of-home care in Maryland. In FFY 2002, approximately 4,387 youth ages 14 to 21 in various living arrangements were eligible to receive independent living preparation services. Out of that number, 2,200 youth were receiving independent living services in preparation for their emancipation.

The primary goal of the Maryland Independent Living Program is to assist youth in making a successful transition from out-of-home placement to self-sufficiency. This goal is accomplished through the provision of independent living preparation services to eligible youth 14 to 21 years of age who reside in out-of-home placement and youth 18 to 21 who exited out-of-home care after their 18th birthday. The major program objectives are to:

- Identify the need for vocational or specialized training and assist the youth to obtain these resources;
- Refer youth to tutoring services and/or General Equivalency Diploma (GED) classes to pursue the receipt of a high school diploma or GED equivalency;
- Provide assistance in securing and maintaining employment. This may include assistance with transportation for job searches, employment readiness training, purchase of related equipment and uniforms and/or referral to the school to work partnerships; training in daily living skills, money management, housing location and maintenance, health, hygiene, leisure, relationships and sexuality, abstinence, substance abuse prevention and/or treatment, nutrition, smart shopping, problem solving and decision making;

- Provide mentoring relationships for youth.

Since FFY 2001, the aftercare service delivery system has been included in the Independent Living Program. The purpose of the Chafee Independent Living Aftercare Program is to provide former foster care youth with an opportunity to continue learning and practicing independent living skills and activities for a specified period of time, and are designed to complement the efforts of former foster care recipients between the ages of 18 to 21 to achieve self-sufficiency. Specific services that are offered through the Aftercare Program include: financial assistance, room and board, counseling, employment assistance, education, and other supportive services, which may include instruction in basic life skills.

The Maryland State Youth Development Collaboration Demonstration Project was initiated in the fall of 1998, with an annual grant of \$120,000, from the Department of Health and Human Services and is to continue until September 2003. The project is implemented through partnerships with youth representatives from the state agencies involved in youth projects, Local Management Boards, local government agencies, Family and Youth Services Bureau grantees, Center for Fathers, Families and Workforce Development and community based youth-serving organizations. The lead agency in this collaborative effort is the Department of Human Resources, which also administers the grant for the partnership.

Family-Centered, Neighborhood Based Services create community partnerships to support families to ensure the safety, permanence and well being of children. Foster children are placed in homes that are in their own community thereby keeping the children connected to their home school, friends and resources within their neighborhood. FCNB is a manifestation of the principle that the first and greatest investment in time and resources must be made in the care and treatment of children in their own homes, and when that is not possible, in their own neighborhoods.

Treatment Foster Care Services is a 24-hour substitute care program operated by local departments of social services and licensed child placement agencies for children with serious emotional, behavioral, medical or psychological conditions. Treatment foster care provides a most effective treatment approach for seriously emotionally disturbed children who need active and structured treatment. It provides a nurturing family environment as a clinical cost-effective alternative to residential treatment facilities.

Resource Parent Services offers dual approval of families for foster care and adoption through the Parent Resources for Information, Development and Education (PRIDE) training. The PRIDE training model is designed to strengthen the quality of family foster care and adoption services. It provides a structural framework for recruiting, preparing and selecting resource families to ensure safe resource homes.

Maryland's Out-of-Home Placement Services continue to face challenges to the development of a seamless child welfare system. Some of these challenges are identified in Baltimore City Foster Care Consent Decree (L. J. versus Massinga) and the Out-of-Home Care Program Legislative Performance Audit Report. The Foster Care Consent Decree has been in effect since 1988, and the Legislative Performance Audit Report was completed in May 2002. Both examined casework practices and services to ensure the safety, permanence and well being of Maryland's children, pointed out deficiencies, and made recommendations for improvement. The following were identified as being needed:

- Dental Services – There are insufficient dentists willing to provide services and accept medical assistance as full payment;
- Mental Health Services – There are insufficient mental health providers/therapists in remote areas of the State (The Eastern Shore Counties and Western Maryland). In addition, children with mental health problems are in need of various levels of residential placements and foster care funding is used to cover the cost of these placements. The Department of Health and Mental Hygiene and DHR are working jointly to make recommendations to improve health care;
- Educational Services - Local jurisdictions are reluctant to serve children in DHR custody because educational funding is given to the jurisdiction that the child initially resides in and not the jurisdiction where the child may be placed. The Department has addressed this barrier;
- Equipment and Technology – Some local departments are in need of computers, file cabinets, office space, desks, chairs, telephones and various other technologies;
- Resources - Manageable caseload ratios, transportation aides and secretarial support are needed;

The Legislative Audit Report noted the following:

- There were deficiencies in documentation of service delivery;
- There was inadequate documentation according to State standards regarding education, health and visitation;
- There was need to enforce use of the State's Foster Care Supervisory Checklist.
- Like many states, available mental health services for children in Maryland is a challenging issue. Funding for community based mental health programs and care facilities has become scarce. This is particularly true for low-income

families. But over the past few years, working families have been impacted as commercial insurance carriers have limited allowable benefits. The situation in Maryland warranted the attention of the legislature and in the 2003 session, they passed House Bill 458 – **Children with Disabilities – Voluntary Placements.** This law allows the child to be placed by the local department of social services in order for the child to receive needed services, but under a voluntary placement agreement, custody would not be relinquished to the state. Further, no finding of abuse or neglect would be entered on parents who place children voluntarily. The law takes effect in October 2003. Many of these cases reach a critical point when children are patients in acute care psychiatric hospitals. Frequently, payments for hospitalization will cease, as it is deemed no longer “medically necessary”, while simultaneously the parents or caregivers say that they are unable to take the child home given the absence of intensive community based mental health services.

A special council was appointed by Governor Ehrlich to analyze this situation and recommend strategies to address the needs of these children with mental health issues. The council’s report was due to the Governor on September 1, 2003.

The Department of Human Resources is participating with other state agencies in identifying effective methods to serve these children and ultimately return them to their community.

A final issue worth noting concerns the recruitment and retention of appropriate placement resources. Current placement resources are unable to meet the exceptional care needs of some of the children entering placement. These children may (1) be chronically mentally ill, (2) be sexual offenders, (3) exhibit severe incorrigible behavior, (4) be medically fragile or have profound developmental disabilities.

There have been a number of promising practices in Maryland’s Child Welfare Programs that are contributing to the safety, permanence and well being of children.

1. Maryland's Safety Assessment for Every Child (SAFE-C), an assessment tool that alerts staff to situations that pose an imminent danger requiring immediate intervention to protect the child, is being used by every caseworker delivering services to families with children.
2. The Child Welfare and Adult Services Performance System (CAPS) strives to ensure that services provided through the child welfare programs have a positive impact on the children and their families and that they are delivered in conformance with policy. The CAPS information is intended to be used as a local department internal management tool to identify and implement needed improvements.

3. Improved automation of child welfare programs in order to increase the efficiency and effectiveness of services is anticipated, MD CHESSIE will improve productivity through better access to information, reduced paperwork, less redundant data entry, fewer errors, and better monitoring of service delivery and effectiveness.
4. Maryland is in the process of obtaining accreditation of all 24 local departments of social services by the Council on Accreditation. Accreditation will provide national recognition of the quality and high standards in service delivery in Maryland. Currently the Local Departments in Baltimore, Prince George's, Howard, Harford, Dorchester, Queen Anne's, Talbot, and Washington counties are accredited.
5. The Maryland Youth Development Project is pursuing community partnerships to develop an umbrella of transitional services for youth that will incorporate services in easily accessible neighborhood centers. These services would include: educational/vocational assessment, life skills training, mentoring services, mental health services, medical care, substance abuse treatment, housing service, and employment services. The Department will partner with community service providers to develop incentives to increase their capacity for work with youth or to develop focused services for youth within their current framework. The Department plans to sponsor a roundtable discussion with service providers to determine what types of incentives would be needed to develop youth-focused services within their current framework without incurring additional cost to the State.

Other practices include:

- The offer of targeted training to current staff on substance abuse and mental health issues for youth based on current best practices;
- The request for Federal training assistance from SAMHSA;
- The development a handbook of best practice services for youth.

KINSHIP CARE

Maryland's Kinship care program evolved from the Services to Extended Families With Children Program (SEFC) established in 1983. In 1995, the Maryland General Assembly enacted HB 308 mandating that DHR/SSA establish a statewide Kinship Care Program. The program required the local department of social services, when it was deemed necessary to remove a child from the home of the parent because of abuse or neglect, to give first priority to placing the child in the home of kin if that was in the child's best interest. Kinship care is defined as the continuous twenty-four hour care, supervision, and supportive services provided to a minor child, placed by a child placement agency, in the home of a

relative related by blood or marriage within the fifth degree of consanguinity. The definition has been expanded to include individuals who comprise the family support system such as friends of the family and other adults who have a strong bond with the child.

The major goal of the Kinship Care Program is to preserve families by accommodating the needs of the children, the biological parents, and the kinship caregivers to promote permanency and prevent the need for non-kin foster care placement. The program is unique and differs from those of many states because concerted efforts are made to serve a diversified kinship care population of formal and informal kinship families. The focus on offering services to all kinship care families has afforded the Social Services Administration the opportunity to significantly impact families statewide.

Relatives who take on the enormous responsibility of raising their kin are confronted with numerous financial, health, legal, and social issues. The Social Services Administration recognizes the difficulties and challenges families face in accessing needed assistance. Therefore, the program's principal mission is to strengthen and preserve these families through creative programming, initiatives, and services that promote safety, stability, and well being of children.

Kinship care children in the formal child welfare system receive health, mental health, education, and case management services through the local departments of social services. Flexible dollars are utilized to stabilize these families through the purchase of food, clothing, furnishings, etc. Permanency and concurrent permanency planning services are incorporated into the case plan to assure expedited child exits from the child welfare system.

Education and information is provided to kinship caregivers to prepare them for their role and responsibilities as caregivers. The Resource Parents Project's Training, Advocacy, And Support for Kin (TASK) Program provides training for kinship caregivers. Many of the caregiver participants are from the Baltimore metropolitan area, which contains over 90% of the kinship care population in the State. The Administration contracts with the Kinship Care Resource Center of Maryland to provide information and referrals to kinship caregivers statewide. Other venues such as the kinship care support groups, initially funded by the Social Services Administration, have been instrumental in helping to educate and inform kinship caregivers about available resources and the how to navigate systems to access services. Annual Kinship Caregiver's Conference is another source for training and education.

Kinship care children are continuing to achieve permanency and are exiting the child welfare system through reunification, custody and guardianship, and adoption. A total of 821 children exited Kinship care to these permanency outcomes in fiscal year 2002. These exits are attributed to (1) the local departments of social services providing improved services and linkages to community based agencies, (2) educating kinship caregivers about the child

welfare system as well as the special needs of children, (3) the introduction of concurrent permanency planning, and (4) the use of local departments of social services' strong family preservation models.

The Social Services Administration funds the Kinship Care Resource Center, located in the Community Health Center at Coppin State College. The Center is in its fourth year of operation and provides a variety of services such as a telephone hotline for information and referrals, support groups, referrals for health services and legal assistance, and family activities. The Center has a website at www.coppin.edu/kinshipcare. The Kinship Care Multidisciplinary Committee, established in 1997, continues to meet monthly and serves as an advisory committee to discuss issues, and trends, and advocates for kinship care families.

Other Social Services Administration initiatives related to kinship care services include the following:

- Utilization of IV-B monies to fund a 6-month pilot of the University of Maryland School of Social Work's Healthy Grandparent Families Program. The program was established to stabilize grandparent-headed families through intensive intervention services, recreational activities, legal assistance, health care services, and advocacy.
- The funding of a Kinship Care Back to School Project initiative to purchase uniforms for 400 kinship care children in Baltimore City. School supplies such as notebooks, pens, and pencils were purchased for kinship children statewide. Many families experiencing hardships were greatly helped.
- In 2002, the funding of five school-based kinship care support groups in the Baltimore City Public Schools. The support group sites were Mergenthaler Vocational Technical High School, Dr. Carter G. Woodson Elementary, Grove Park Elementary, Samuel Coleridge Taylor Elementary, and Harford Heights Elementary. The support groups were successful in establishing a venue where the kinship caregivers could receive vital information, legal assistance, health services, and an opportunity to develop social and peer relationships. Although the support groups are no longer funded by the Administration, they remain in operation and receive technical assistance upon request.

During the 2003 legislative session, the Administration provided support for the passage of Senate Bills 31 and 32. Senate Bill 31 authorizes informal kinship caregivers to consent for a child's medical treatment. Senate Bill 32 authorizes a school superintendent to enroll a child, living in an informal kinship care arrangement, in school. The bill also ensures that educational funding from the child's previous school district will follow the child.

The Administration is most proud of the responsiveness of the informal kinship care population. These are the families who are usually isolated, lack support, and are not connected to the local department of social services. These are also the families who have benefited most from the Administration's initiatives and outreach. This is the targeted population Senate Bills 31 and 32 were intended to assist.

In addition, the Kinship Care Regulations are in the process of being revised to meet the requirements of ASFA. A statewide training module is being developed to provide ongoing training to local department staff on the implementation of kinship care services for children in the formal child welfare system. Areas such as the kinship care home approval process, the provision of mandated health, mental health, and educational services, the use of a family conferencing model, and strategies to engage fathers in the reunification process are topics needing the most emphasis. It is expected that this training will be done in regions and completed by Fall 2003.

Statewide 2002 CAPS data reflects the following regarding Kinship Care services:

- In 91% of the cases, the case plan includes a service agreement and identifies concurrent permanency planning;
- In 97% of the cases, the case plan addresses the parents' relationship with the child and services provided to the child;
- In 87% of the cases, the child had a medical examination during the previous year;
- In 89% of the cases, the worker visited the child in the relative's home within the previous three months;
- In 95% of the cases, the case plan states that the safety needs of the child are being met in the relative's home.

Despite the many challenges facing the Foster Care and Kinship Care programs, it is encouraging to note that in FY 2002, 78.3% of children who left out-of-home care were either reunited with family with the caretaker assuming custody or guardianship, or placed for adoption.

2. *Discuss how effective the State has been in meeting the title IV-B State plan requirement to provide pre-placement services designed to help children at risk of foster care placement remain safely with their families.*

The local departments of social services provide several levels of service to families who have children who are at different levels of risk of maltreatment and

are still in their own homes. These services may be voluntary or non-voluntary (court-ordered) depending upon the degree of risk to the child.

SERVICES TO FAMILIES WITH CHILDREN (SFC)

The purpose and goal of SFC is to promote family stability, preserve family unity, and help families achieve or maintain self-reliance. The program is designed to provide services needed to maintain family stability and unity. This is accomplished through referral to the appropriate community resources or through direct provision of family counseling and services from the local department or community services. Early intervention and prevention services are provided through the SFC program to income eligible families with children, who are at risk of child abuse/neglect; however, child maltreatment is not the basis for the intervention.

In FY 2002, the SFC program served approximately 5,000 families.

CHILD PROTECTIVE SERVICES

Child Protective Services (CPS) is the specialized service to children and their families where neglect, physical or sexual abuse is alleged. The goal of the services is to assure the immediate safety of children from serious harm. Services are delivered to the parents or caregivers and are designed to enable them to provide the essentials of care for their children in a safe and protective environment.

Investigations into allegations of child abuse are initiated within twenty-four hours of receipt of the report. Investigations into allegations of child neglect are initiated within five days; unless it is determined the child is in imminent danger of harm. Staff within the 24 local departments of social services prioritize each report using the 24-hour/5 day timeframe as a foundation for response (i.e. infant left alone would get immediate response even though the law allows for 5 days to initiate a neglect investigation).

All child welfare workers in Maryland are trained to use the Maryland Safety Assessment (SAFE-C) tool. This tool is used to identify threats of harm, evaluate the potential severity of harm, assess a child's vulnerability, and determine protective capacities of the child and others involved in the case situation. Children determined not to be safe from abuse/neglect and where service provision is determined not sufficient/effective in establishing safety are placed in Kinship or Foster Care.

The Maryland Risk Assessment is used by staff to determine the degree of risk of future maltreatment, if any, to the child and the level of services needed to safely maintain the child in the home while working with the family to re-establish adequate family functioning. A revised risk assessment is now available and training packet to support use of the new tool was completed in July 2003. The new tool is designed for use across the child welfare continuum and helps

workers reach two important decisions: (1) is this a family that needs further intervention?, and (2) what services are needed to reduce risk? Depending upon the outcome of an investigation and the individual needs of the family, the case may be opened for an agency-provided service (Intensive Family Services, Families Now, Continuing Child Protective Services), referred to a service provider outside the department while maintaining case supervision/management responsibility, referred to a service provider outside the department with no local department supervision of the situation, or closed without further referral or contact.

Approximately 32,000 CPS investigations are projected to be conducted statewide in SFY 2003. In SFY 2002, there are 3,682 families and 6,307 children for whom post investigation services within the department (excludes referrals made for services to community agencies).

INTENSIVE FAMILY SERVICES

Intensive Family Services (IFS) is a short-term family preservation intervention. This program pairs a social worker and parent aide team to provide intensive (as much as 20 hours per week) family preservation services to families in crisis whose children are at imminent risk of out-of-home placement or have been placed out-of-home due to an emergency within the past seven days. The goal is to safely prevent out-of-home placement or to achieve early reunification or alternate permanency planning for children who have been placed out-of-home. Caseload size is limited to six families and services are provided in the home or community and include, but are not limited to, intensive counseling, teaching of parenting and homemaking skills, assistance in locating housing or employment, making child care arrangements, etc. Flexible funding is available to assist families with emergency expenses, such as payment of back rent or utility turn-off notices.

FAMILIES NOW

Based on the highly successful IFS model, Families Now provides four levels of family preservation services of varying degrees of intensity. This model was conceived and designed in an effort to meet the specific needs of individual families who are in crisis and whose children are at imminent or high risk of out-of-home placement or have been recently placed out-of-home. As with IFS, the goal is to safely prevent out-of-home placement or to achieve early reunification of children who are placed out-of-home. Caseload size is controlled, ranging from a minimum of six families to a maximum of twelve. Services are available twenty-four hours a day, seven days a week and limited to four, six or nine months depending upon the needs of the family. A social worker and parent aide team provides services to the entire family. Services are comprehensive, intensive, home and community based and family centered. The team has access to flexible funds for purchasing goods and services necessary to maintain the child safely in the home and help the family become self-sufficient.

Intensive Family Services and Families Now data has been combined since FY 2000. A total of 2,708 families and 6,307 children were served by both services in CY 2002.

IFS and Families Now programs are evolving in several jurisdictions around the State where the distinction between the various family preservation service levels have lessened. Services continue to be provided by social worker/case aide teams, carrying up to 12 cases, for six months or less. The lesson learned from the Families Now experience is that it is difficult to predict how long a family will need service at the onset of service provision. Most families were effectively served within six months and programs are changing to reflect that understanding. New regulations were released in the last year that allow local departments to continue with the IFS and Families Now model or move to the single family preservation program.

The primary source of data used for measuring program effectiveness is the Child Welfare and Adult Services Performance System (CAPS). This is a review process that incorporates data derived from case record reviews at each of the 24 local departments of social services and data from the State's automated database. Information from these two primary sources produces data that can be divided into outcome and process measures.

Staff from the In-Home Family Services central office conducts record reviews that collect compliance information from three types of case records. They are child protective services child abuse investigations (six compliance measures), child protective services child neglect investigations (seven compliance measures) and Ongoing Services that include Continuing CPS, Families Now, IFS, and the consolidated on-going service (7 compliance measures). Reports are provided to local departments following the reviews that inform them of their performance in meeting standards established in statute, regulation and/or policy.

The following statewide summary of CAPS data reflects Maryland's Performance in delivering in-home services.

CHILD ABUSE

1. Maryland Family Law and COMAR (07.02.07.08) require that in cases of suspected physical and sexual abuse, a caseworker from the local department or a law enforcement officer shall initiate an on-site investigation of the allegations. Sexual abuse referrals must be investigated jointly by a caseworker and a police officer from the appropriate law enforcement agency. Memoranda of understanding have been developed between local departments and law enforcement in the various jurisdictions to address this issue. *The CAPS review of local departments in 2002 found that 98% of the records reviewed were in compliance with this requirement.*

2. Maryland law and COMAR (07.02.07.08) require that in cases of physical and sexual abuse a caseworker from the local department of social services or a law enforcement officer physically see the alleged victim and determine if the health, safety, and well-being of the alleged victim require the removal of the child from his/her current living situation. In cases of imminent danger, local departments are required to begin an investigation immediately, within a maximum of 30 minutes from the receipt of the referral. *Results from Maryland's 2002 CAPS review show a 94% compliance rate with this requirement.* In joint investigations, law enforcement at times requests a delay in making initial contact in order to build a stronger case for prosecution. This is only permitted when the alleged victims are not in imminent danger, or where further contact with the alleged perpetrator is not forthcoming.
3. COMAR (07.02.07.08A(l)) requires that a local department caseworker physically see all of the children within 24 hours. This is another attempt to assure the safety of children who may have been maltreated. *Maryland's 2002 CAPS review found a 90% compliance rate on this issue.* Several factors impact this performance level. In families with many children, some may be at school, visiting relatives, etc.; at the time the attempt to physically see them is made. Frequently, in these situations, families may have 4 or more children, some of whom are not present in the home. If documentation does not appear in the record that all 4 children were seen, that case does not meet the standard.
4. The SAFE-C form has been added to Maryland's required forms to document in the case record that the alleged victim's safety has been assessed in an organized and thorough manner. Compliance with this standard was measured in 2003.
5. COMAR (07.02.07.09A(5)) requires that child protective service investigations be completed within 60 days of the acceptance date of the report.

An investigation is considered complete with the completion of a 181 report. This is the report that is forwarded to the local State's Attorney summarizing the investigation activities and providing a finding. Many factors impact a local department's ability to meet this mandated timeframe. These include, but are not limited to, assessments by other than local department staff, (as in the case of mental injury abuse investigations), the request by law enforcement in joint investigations to delay a finding for the purposes of prosecution, and, currently, the limited availability of investigators. Maryland has witnessed a significant reduction in the number of CPS investigators due to a hiring freeze implemented in October 2001 and limited funding. The compliance rate was 76% in 2002.

6. Investigators are required to complete a series of risk assessment forms that are included in the Maryland Initial Family Assessment series. These assist the caseworker, in an organized manner, in determining if the child alleged to have been maltreated is at risk of further maltreatment. *Maryland's 2002 CAPS review resulted in a 97% compliance rate on this requirement.*

CHILD NEGLECT

1. COMAR (07.02.07.08) requires that in cases of neglect, a caseworker from the local department shall initiate an on-site investigation of the allegations within 5 days, and that face-to-face contact occur within that timeframe. *Maryland's 2002 CAPS review determined local departments were in compliance with this requirement in 94% of the neglect investigations.*
2. COMAR (07.02.07.08) requires that in cases of neglect a caseworker from the local department physically see all of the children involved in a case within 5 days of the initiation of the investigation. *Results from Maryland's 2002 CAPS review show a 95% compliance rate with this requirement.*
3. As mentioned, the SAFE-C form has recently been added to Maryland's required forms to document in the case record that the alleged victim's safety has been assessed in an organized and thorough manner.
4. COMAR (07.02.07.09A(5)) requires that child protective service investigations be completed within 60 days of the acceptance date of the report. A neglect investigation is considered complete with the completion of a 181 report. Many factors impact a local department's ability to meet this mandated timeframe. These include, but are not limited to, assessments by other than local department staff, as in the case of mental injury neglect investigations and the limited availability of investigators. *The 2002 compliance rate was 76%.*
5. Investigators are required to complete a series of risk assessment forms that are included in the Maryland Initial Family Assessment series. These assist the caseworker, in an organized manner, in determining if the child alleged to have been maltreated is at risk of further maltreatment. *Maryland's 2002 CAPS review resulted in a 94% compliance rate on this requirement.*

SELECTED COMPLIANCE ITEMS

In-Home Services

1. "Records were opened for service provision within the appropriate timeframe or proper authorization for extension was documented in the record."

COMAR (07.02.01) guidelines require that services be provided for no longer than the specified time for the level of service. *The CAPS review of local departments in 2002 found that there was 95% compliance for this issue.*

2. "Records document that all children were physically seen (or attempt made to see) within (7) working days of the acceptance date."

COMAR (07.02.01.08F(3)) requires that contact be made with each child individually. Each attempt must be a home visit or visit to the school or where a child is expected to be. Many factors impact a local department's ability to meet this requirement. These include but are not limited to, staff not documenting in the record all children who were seen in the home, inability to locate children, etc. *The CAPS review of local departments in 2002 found that there was 85% compliance on this issue.*

3. "Records document that the primary caregiver was physically seen (or attempt made) within 5 working days of the acceptance date."

COMAR (07.02.01.08E(1)) requires that a family member be seen within 5 working days of transfer. A visit to the home (not a phone contact) where no one is home is an attempted contact. *The CAPS review of local departments in 2002 found that there was 91 % compliance.*

4. "Records contain signed service agreements or valid explanation for not having one."

COMAR (07.02.01.08F(6)) requires that the family shall have completed and signed a service plan/agreement to cover a period not longer than 3 months. Acceptable circumstances would be "refused to sign" or unable to locate the family to engage them into a service agreement. *The CAPS review of local departments in 2002 found that there was 94% compliance.*

5. "Records contain a Maryland Risk Assessment"

COMAR (07.02.01.08D(2)(c)) requires a recently completed risk assessment detailing the action taken to stabilize the family. *The CAPS review of local departments in 2002 found that there was 99% compliance.*

Maryland Managing for Results Performance Measures reflects encouraging results in the provision of in-home services. In FY 2002, 96.4% of families receiving in-home services did not have an indicated abuse or neglect finding while receiving services, and 90.7% of the families did not have indicated abuse or neglect findings within a year of case closure. Even more encouraging is that 92.8% of the children receiving in-home family services were not placed in out-of-home care within one year of close of service

Within the past two years Maryland has focused a great deal of energy in revising the child abuse and neglect safety and risk assessment instruments.

Focus groups comprised of local line and supervisory staff, representatives from sister agencies, central office administrative staff and Theresa Costello from the National Resource Center on Child Abuse and Neglect met numerous times to review current research in the field and revise the existing instruments. The safety instrument and associated training was rolled out in 2001 and the new risk assessment tool and training is being presented to child welfare staff beginning in the summer of 2003. The new tools were based partially on the philosophy that all children brought to the attention of the child welfare system are at some level of risk and therefore need to be assessed for safety concerns and risk of maltreatment. Unlike the previous tools that were primarily used by Child Protective Services, the new safety and risk instruments are designed for use by child welfare staff across the child welfare spectrum of services.

Maryland uses its Child Abuse Prevention and Treatment Act (CAPTA) and Children's Justice Act funds to support child abuse prevention programs, train local department and community services staff on "best practice" models, develop Children's Advocacy Network Centers (fashioned after the Huntsville model) and provide limited discretionary funds to local departments to support special activities. The Family Tree, originally Maryland's "Parents Anonymous" program, is a recipient of a grant from CAPTA. They provide a family stress hotline, and other child abuse and neglect prevention programs across the state.

In a recent research effort conducted through the University of Maryland School of Social Work with the full support of DHR, it was learned that approximately 30% of calls to the local department's child protective services intake lines are "screened out" before investigation. The research concluded that the overwhelming majority of screening decisions were appropriate; however, there were substantial differences among the local departments in the percent of cases "screened out".

While initial data from this project is encouraging, further analysis is needed. Variations among jurisdictions need to be better understood before corrective action can be initiated. For example, one jurisdiction experienced a small number of screened out situations compared to a county of similar size. At first glance that would appear to be a positive finding. One would assume that cases were not being inappropriately "screened out". Looking more closely it was found that that jurisdiction had a large number of its screened out situations that did not meet criteria to be screened out. In other words, what appeared to be good practice may in reality be a problem.

The primary researcher from the University of Maryland School of Social Work plans further analysis of the data. Once we have a complete understanding of what the data actually indicates, an improvement plan will be developed. What is known is that this data suggests the need for more standardization and the need to repeat this research effort in the next few years. It also points to a need to review a portion of "screened in" referrals for appropriateness. We must answer the question on the opposite side of the coin. Are situations "screened in" for

assessment meeting criteria for a CPS investigation? At a time when a CPS worker must be viewed as a precious resource, it is necessary to make certain that only situations needing such intervention be assigned to a CPS worker for investigation.

Maryland's statewide CAPTA review panels produce annual reports required by state statute to be submitted to the Governor, legislature and the Secretary of DHR. While they contain a great deal of process material, the most important information is found in the findings and recommendations put forward by each panel. The State Council on Child Abuse and Neglect and the Citizen Review Board for Children combine their annual reports. The State Child Fatality Review report is completed separately.

Maryland implemented the Promoting Safe and Stable Families (PSSF) Program through a collaborative project between the Department of Human Resources and the Governor's Office of Children, Youth and Families. For the current funding cycle, twelve Local Management Boards (LMBS) in Maryland have received awards for the PSSF Program through a competitive bidding process. They are Baltimore City, Allegany, Caroline, Carroll, Charles, Frederick, Garrett, Harford, Howard, Somerset, Talbot and Worcester counties.

The LMBs contract with public and/or private vendors to provide services to families. LMBs are comprised of members from education, juvenile services, health, local government, mental health, social services, and citizens. The unique aspect of board membership is its representation of the private sector, including parents, advocacy groups, and private providers of children and family services.

Several of the LMBs have implemented programs that focus on involving fathers and promoting healthy relationships. Baltimore City has implemented the Young Fathers/Responsible Fathers program. This program provides support services to at-risk males. Frederick County has a fatherhood initiative that includes weekly community-based support groups, a bi-weekly support group for fathers incarcerated in the detention center, and a support group for middle school boys. The Fathers' Program in Somerset County encourages and engages fathers and father figures to be actively involved in the lives of their young children through outreach, one-on-one visits, and group activities. One component of the Early Care and Intervention program in Talbot County is the Young Fathers' program. This program emphasizes the importance of developing and maintaining healthy marriages and two-parent families and focuses on problem solving and communication.

As part of a 20-week parenting course, family relations are discussed in Allegany County's program. The support groups in Frederick County focus on building healthy relationships. In Harford County, a weekly support group is offered and one of the focuses is on promoting relationship skills.

Family preservation and family support services through the PSSF program have been implemented or enhanced in several rural areas in Maryland. Half of the LMBs that receive PSSF funds offer services to families living in rural areas. They are Garrett County, Allegany County, Talbot County, Worcester County, Somerset County, and Caroline County. A description of each of these programs follows.

Many of the LMBs focus on improving the safety of the child and/or the family's environment. The following programs are committed to improving the **safety** of children under the PSSF Program:

- Family League of Baltimore City, Inc., An Enhanced Family Support Center in West Baltimore. A major component includes services to fathers.
- Somerset County Local Management Board - Healthy Families Lower Shore. This service also provides outreach to fathers.
- Worcester County Initiative to Preserve Families - Enhanced Families NOW.
- Garrett County Partnership for Families and Children - Family Stabilization Services. This service provides intensive family preservation services to at-risk families.
- Harford County Partnerships for Families, Inc. - Safe Start Program.

Programs in the PSSF that promote the goal of **permanency** are the:

- Talbot Family Network - Option Respite Program and Nurturing Program classes.
- Caroline County Human Services Council - Multiple Points of Prevention Program. This program provides early intervention and prevention services to families. Case management services are provided on demand, and the families have access to an array of family support services. Case managers are located in various elementary schools and other community locations.
- Healthy Families Teen Program, Frederick County Office for Children and Families - Families First. This program includes several components: a female involvement program, a Responsible Fathers Program, and a Family Partnership Group (includes both female and male participation).
- Allegany County Office for Children, Youth, and Families - Parent Education Workshops and Nurturing One on One Program.

The following PSSF Programs support child **well-being**:

- Talbot Family Network - Early Care and Intervention Program that provides family support services.
- Howard County Local Children's Board- Parenting classes for Teens & Parents at High Risk.

ACCOMPLISHMENTS

- Activities were planned at the State level to promote family preservation and family support services. Staff from the Social Services Administration and Community Services Administration at DHR worked with Maryland Public Television to develop and produce a one-hour documentary entitled "Real Men, Real Fathers", which has received numerous accolades. This originally aired on Maryland Public Television in November 2002 and is currently featured on the station's monthly programming schedule.
- Some PSSF programs have reported a reduction in out-of-home placements of the families who participate. From July 2002 through March 2003, 100% of the families who participated in the Safe Start program in Harford County did not have their children removed from their homes. In the first two quarters of FFY 2003, there were no out-of-home placements in the families who participated in the PSSF program in Howard County.
- A reduction in abuse and/or neglect of children is another positive outcome of the PSSF program. From April 2002 through September 2002, only 1 new child protective services report was made on active cases in the Safe Start program in Harford County. From October 2002 through March 2003, slightly over 80% of the families involved in the program had no new Child Protective Services involvement during this period. Furthermore, as of February 1, 2003, only one family had any CPS involvement after being discharged from the program. In the second quarter of FFY 2003, no families in the Healthy Families Lower Shore program in Somerset County had an indicated report of child abuse or neglect. In the first two quarters of FFY 2003, there were no reports of child abuse or neglect for the families who participated in the PSSF program in Howard County.
- The PSSF program provides parent education workshops in some jurisdictions and has proved beneficial in increasing parental competencies. In Allegany County, 85% of the participants in the parent education workshops successfully completed a parent enrichment workshop with at least 75% attendance. The post-test parent survey scores have been compared to pre-test scores. The survey measures parents' discipline perceptions and behaviors before and after participation in the workshops.

The overall parental competency average score for the groups significantly increased after completion of the program.

- The service delivery system has improved for at-risk children and families through agency collaboration. In Harford County, there is now significant interagency collaboration regarding the provision of services to at-risk children. In Baltimore City, the PSSF program is linked to the Healthy Start and Success by six initiatives in the same West Baltimore community. As many core services are already available through these existing resources, it allows the majority of the PSSF funds to be invested in family preservation and family support enhancements.
- A consultant is working with staff from LMBs and their vendors to develop better outcome measures. The LMBs are being held accountable for the results of their services and interventions by reviewing data they submit in their annual reports and monitoring the programs through site visits.

3. *Discuss how effective the State has been in meeting the IV-B plan requirement to provide services designed to help children be placed for adoption, with a legal guardian, or if adoption or legal guardianship are determined not to be appropriate for a child, in some other planned, permanent living arrangement.*

According to Maryland Law the purpose of adoption services is to affect a permanent plan, through adoption, at the earliest possible time, for each child in out- of-home placement who cannot or should not be reunited with birth parents or other birth family members. Services are provided to do the following:

- Protect the child from unnecessary separation from the birth parent;
- Provide, in the shortest time possible, an adoptive family who will ensure the child's safety and well-being;
- Permit adoption of a child only by individuals who are qualified for the responsibility;
- Protect, as appropriate, the confidentiality of the adoption process to permit the adopted child and adoptive family to grow and develop undisturbed;
- Facilitate, as appropriate, the exchange of non-identifying information between adoptees 18-21 years old and birth parents.

The local department makes every effort to locate an adoptive family for the child. This is done first by the local department of social services through The Maryland Adoption Resource Exchange (MARE), local department and central office recruitment efforts, and registration with regional and national exchanges.

Adoption services are available to any child whose birth parent voluntarily relinquishes the child for adoption, whose birth parent is considering relinquishing the child for adoption because of inability to sustain adequate parental responsibilities, for whom the decision to pursue permanent planning through adoption is considered by the local department to be in the best interest of the child or for whom there has been a referral from another service program for local department adoption planning.

The child in pre-adoptive foster care receives services as set forth in foster care regulations and the local department retains ultimate responsibility for ensuring the child receives appropriate physical care, emotional security, and intellectual stimulation, and observing and recording the child's developmental progress. The local director determines the need for supportive services and authorizes, to the extent that funds are available, the appropriate services in order to prepare a child for adoption or sustain a placement after adoption. The local director documents the need in the record. The types of services that may be provided include, but are not limited to:

- Psychological evaluation
- Psychological or psychiatric counseling
- Educational services including tutorial or vocational services
- Special prosthetics
- Speech therapy
- Residential or day camp
- Expert court witnesses as necessary for a guardianship hearing; and
- Post-placement services from a private agency

Post-placement services are provided to all children and families before the adoption is finalized to strengthen and support family functioning and integration. The agency caseworker visits the adoptive family as often as indicated, but at least three times during the first six months following placement. DHR allocated funding from the Promoting Safe & Stable Families allocation to provide the following post-adoption services:

- Child Care
- Specialized Therapy for Children
- Summer Camp Fees for special needs children
- Parenting Programs
- Counseling Services
- Adoption Support Groups
- Purchase of Respite Services/Respite Night Out
- Education of the Public and other Stakeholders on post-adoption services
- Transportation for Families and Children
- Staff Training

Adoption remains a national priority for children who are unable to live with their biological families. DHR is committed to assisting local departments of social services and other partnering adoption agencies in finding "Forever Families" for children in Maryland. DHR, in conjunction with stakeholders and local department staff, developed a plan to continue to increase the number of adoptions in Maryland by addressing barriers. The barriers identified include: the court and legal process, recruitment, need for post-adoption services, the financial disincentives to adoption, the inappropriate use of permanency plans other than adoption, and inter-jurisdictional issues.

Maryland child welfare services continue to use concurrent permanency planning and dual approval of resource homes to increase the number and timeliness of adoptions of children in foster care. The State can be proud of the following accomplishments:

- Maryland uses dual approval of resource homes to increase the number and timeliness of adoptions of children in foster care. Dual approval means that foster parents and adoptive parents go through the same screening and interview, home study, training and criminal background check processes, and in the end receive the same approval to provide foster and/or adoptive care. Dual approval allows a foster parent, who has cared for a child for some length of time, to naturally and easily change his/her role from that of a foster parent to an adoptive parent, without having to go through an entirely new home study and training process.
- Local department staff continues to increase the number of finalized adoptions annually. In FY '98, 645 adoptions were finalized by the State of Maryland's public agencies. This number rose to 952 in FY '02. There has been a 75% improvement in the number of adoptions statewide for the five-year period from 1997-2002.
- The Maryland Adoption Resource Exchange (MARE) continues to draw national attention through its specialized recruitment efforts. Maryland continues to follow the trend to photo-list children electronically, thus providing expanded access to prospective adoptive parents and other interested parties. MARE has links to other national and international exchanges and many of Maryland's waiting children are given broader exposure through these links.
- The Department contracts with private adoption agencies to recruit prospective adoptive families to match with children in the Maryland Adoption Resource Exchange (MARE). These agencies bring innovative strategies to the recruitment of adoptive homes for special needs children.

Adoption Search, Contact and Reunion Services (ASCRS) is the new title for Maryland's adoption search services. The Mutual Consent Voluntary Adoption Registry (MCVAR), and Search, Contact and Reunion Services are the two

service units of ASCRS. Maryland has over 100 confidential intermediaries trained by DHR staff. To date, over 1,300 individuals have registered for adoption search services. Through this service, many adoptees and birth parents have received updated background information, established contact, or reunited with birth family members. There have been over 200 reunions with over 130 additional contacts made between adoptees and birth parents.

Adoption incentive monies will be utilized for child specific recruitment, to improve the Maryland Adoption Resource Exchange database, and for the use of media ads to promote and recruit homes for special needs children.

The Maryland One Church, One Child Program (OCOC) is an instrumental component of the State's Special Needs Adoption Program. OCOC is a program where staff educates and encourages the faith community to assist in, and make a commitment to, recruiting adoptive parents for children in out-of-home care. It is a concept that incorporates the leadership of the faith community and the expertise and resources of adoption agency officials into a partnership to secure homes for Maryland's waiting children. Program staff receives support through the "Community Arm" Services of One Church, One Child of Maryland, Inc. (Board of Directors.) The Board members are a group of religious leaders. Their primary functions are to make initial contact with other religious leaders in various places of worship throughout the State of Maryland, educate through the media, sponsor a yearly conference to provide networking opportunities for the religious community, adoption support group members, and community at-large, and promote outreach opportunities. The focus of OCOC program staff is to provide technical assistance and support to local departments in recruiting adoptive families from the faith community and in developing strategies to retain adoptive families awaiting the placement of a child. OCOC additionally seeks to recruit adoptive families from corporate and non-profit organizations and to develop corporate partners to serve as sponsors for OCOC adoption activities.

The Statewide 2002 CAPS report indicates the following about the Adoption Services cases sampled:

- In 100% of the cases, the child's case plan contains family history;
- In 90% of the cases, the case plan indicates that the child had a medical visit within the last 12 months;
- In 92% of the cases, the case plan includes the child's current educational status;
- In 96% of the cases, it is noted in the most recent case plan that a life book was prepared or was being prepared;
- In 79% of the cases, the child was registered with MARE if not being adopted by the foster parents;

- In 100% of the cases, the worker visited the family and saw the child at least every other month after the child was placed for adoption;
- In 75% of the cases, the placement of children for adoption was completed within 24 months of entry into out-of-home care.

In 1997, Maryland received approval to conduct an **assisted guardianship/kinship demonstration project**. Assisted guardianship is offered to children for whom reunification and adoption are not viable permanency options. Children must have been living in the stable home of a kinship caregiver for a minimum of six months to be eligible to participate; this includes kinship care homes and relative foster care homes. The overwhelming majority of children in the study (both in the experimental and control groups) are in Baltimore City, although families in six other jurisdictions have participated. The guardianship subsidy is \$300. per child per month, which is between the foster care board rate of \$535. and the TANF child-only payment of \$167. Only the Interim Evaluation (October 2000) has been accepted at this time, although the final nearly complete. In that Interim Report, the evaluators reported that the movement to guardianship was almost entirely from those in the kinship care (TANF) group. As on November 2002, 267 guardianships had been completed, with only one having disrupted.

4. *Describe the extent to which all the services in the preceding items 1-3 are accessible to families and children on a statewide basis.*

The services described in the previous sections are available statewide. Core services such as Child Protective Services, In-Home Family Preservation, Kinship Care, Foster Care and Adoption are provided through each local department of social services.

Placement Services through provider agencies are available to all children who need placement under a statewide contract with those agencies. The Department of Human Resources uses a continuous quality review process to identify service gaps for children needing placement. This process serves to identify those jurisdictions in Maryland that need additional placement resources, and the type of placements needed.

While it is sometimes the case that children with severe behavior disorders (such as fire setters or juvenile sex offenders) may need to be placed outside of their geographic area, every effort is made to maintain those children in their communities.

F. Agency Responsiveness to Community

- 5. *Discuss how effective the State has been in meeting the requirement to consult and coordinate with external community stakeholders in the development of the State's Child and Family Services Plan (CFSP). In responding, discuss how the concerns of stakeholders are addressed in the agency's planning and operations and their involvement in evaluating and reporting progress on the agency's goals.***

The Department of Human Resources has a strong history of strategic thinking and planning for excellence in service. In 2001 the Social Services Administration partnered with the Network for Child Safety through a grant funded by the United States Department of Health and Human Services, to build on this foundation to develop a revised Strategic Plan for Child Welfare for the years 2002-2004. (This plan is included in the IV-B plan). In order to accomplish a robust plan that grew from a shared vision and a well-defined mission, and that reflected the hopes of all members of the community who care about the welfare of vulnerable children and their families, a structured and inclusive process was rigorously followed.

The first step was to "scan the environment," that is, to determine what the larger community valued for children and families, what they thought the contribution of the child welfare agency was to attaining that vision, and what obstacles they saw as impediments to achieving those goals. In order to obtain this information, the Department arranged for five regional sessions, facilitated by staff of The Network for Child Safety, with a diverse array of stakeholders. Over 1000 invitations were sent; approximately 250 individuals representing a wide variety of stakeholder perspectives participated. All feedback from these sessions was recorded and collated by consultant staff for use in the next step of the process.

With the information from the scans to use in conjunction with our legally mandated goals, and the Maryland Managing for Results outcome measures drawn from them, a Planning Group began the work of constructing the plan. Staff of The Network for Child Safety, who brought much valuable planning knowledge as well as an objective view to the process, facilitated this effort as well. The Planning Group consisted of Departmental staff from the central administration and local departments. As a result of a three day planning retreat, five initiative areas were decided upon as critical, and a series of strategies were identified for further action.

As promised to the stakeholders at the environmental scans, another series of five regional sessions was arranged to share the Planning Group's work with the participants. All of those invited initially were asked to come back. Again, feedback on the products was obtained through the facilitation services of The Network for Child Safety staff, with particular emphasis on whether participants felt their concerns and ideas had been truly "heard." Guidance from the community continues to be integral to the planning process.

The Department has remained committed to the journey toward achievement of an excellent system that provides for the safety, permanence and well being of Maryland's children and their families.

Another effort to consult external stakeholders took place in March 2002 when five focus groups comprised of Maryland residents were conducted in order to better understand their perceptions about services for children who are at risk of abuse or neglect. The focus groups were conducted by Triad Research Group for Public Children Services Association of Ohio on behalf of DHR. In order to create a composite picture of the entire state, one focus group was conducted in each of five counties. Among the things discussed in the groups were the following:

- The state of the family today;
- The participants' knowledge and understanding of child maltreatment;
- The importance of families staying together and circumstances (if any) that would warrant children's removal from their parents;
- Opinions about parents who maltreat their children and how those parents should be treated;
- Thoughts about foster care, foster children and foster parents;
- Placing children with relatives;
- Termination of parental rights;
- The participants' knowledge of services child protective services agencies offer and whether they felt the services were helpful;
- Cultural competence of the services;
- How best to inform the community about child protective services;
- Whether taxpayers felt they were getting their money's worth out of their county's child protective services agency;
- The participants' impressions about the outcome measures required by DHHS (which they had an opportunity to review).

Since 2001, Maryland, like other states across the country, has experienced a fiscal downturn. Given recent changes at the State and federal levels that impact the child welfare system, and the upcoming federal Child and Family Services Review, the Social Services Administration again sought community input on the

current Child Welfare Strategic Plan to help ensure that the State's child welfare system continues to focus on those issues most important to achieving positive outcomes for children and families.

Three regional community feedback sessions, facilitated by the Network for Child Safety, were held during May 2003 to solicit community stakeholder input. During these sessions over 120 participants were asked a series of questions about the Child Welfare Strategic Plan. Community participants represented child welfare, juvenile justice, foster parents, child advocacy organizations, mental health providers, community providers, law enforcement and other interested parties.

Prior to reviewing and commenting on the major initiative areas and strategies in the 2002-2004 Plan, information was presented to the participants on the upcoming federal Child and Family Services Review, budget issues, the change in Administration at the State level, the State's ongoing hiring freeze, and other pressing issues. After this discussion on the current environment, participants were asked to re-evaluate the 19 strategies in the Plan and determine if each continued to be of strategic importance for the immediate future. They were advised that to be determined as "strategic", a strategy had to meet the following three criteria: 1) it must be critical to achieving the mission, 2) it must be urgent and 3) it must be expected to have an impact over time.

The responses were collated and were used in June 2003 by a planning group of DHR (State and local) child welfare leaders as a foundation for their reprioritization of the strategies in the previous plan. For the most part, the strategies identified by the stakeholders at the regional meetings were the same as those determined to be priorities by the planners.

Three major areas were identified as strategic:

- Enhancing the leadership and management skills of supervisors on the Front line;
- Plan fully reassessing the service delivery system (to include staffing issues, changes in the needs of children and families, implementation of the voluntary placement law);
- Improving communications, including a plan to address both internal and external communications issues.

6. *Discuss how effective the State has been in meeting the State plan requirement to coordinate its services with the services and benefits of other public and private agencies serving the same general populations of children and families.*

The State of Maryland has a long-standing cabinet level operating committee that strives to coordinate services to children and families. Representatives of the Department of Human Resources, Maryland State Department of Education, Department of Health & Mental Hygiene, Department of Juvenile Services and the Governor's Office of Children, Youth and Families participate. This effort began in the early 1990's and has been in continuous operation ever since. Some of the results of this effort include:

- A dramatic reduction in the number of children placed out of state;
- Increased local involvement in identifying needed services for children and families; this involvement is achieved through the work of the Local Management Boards (interagency groups at the local level that broker services to respond to community needs for children at risk)
- The development of measures of effectiveness for all child-serving agencies in Maryland.

The work of this partnership, and the sub-committees that address key program issues, is ongoing. The current priority is serving the mental health needs of children.

7. *Does the agency have any agreements in place with other public or private agencies or contractors, such as juvenile justice or managed care agencies, to perform title IV-E or IV-B functions? If so, how are services provided under the agreements or contracts monitored for compliance with State plan requirements or other program requirements and accurate eligibility determinations made, where applicable?*

The Department of Human Resources is the single state agency responsible for the implementation of the State Plan for foster care maintenance payment and subsidized adoption assistance under the Title IV-E Program. DHR has a Memorandum of Agreement in place with the State Department of Juvenile Services (DJS) to provide the protection mandated by 42USC622(B)(10). This partnership agreement provides that DJS has the responsibility to establish, operate, and maintain programs for the reception, care and treatment of children adjudicated as juvenile delinquents or children in need supervision through the Juvenile Courts. DJS is also responsible for obtaining, transmitting, and making available to DHR information sufficient to allow the Department to determine

client eligibility for the Title IV-E foster care program and to monitor compliance with state and federal policies for children placed in foster care.

DHR maintains the responsibility of determining the IV-E eligibility of any client who enters placement and served by DJS. Since DJS maintains case management and planning responsibility for children in the juvenile justice system who access foster care placement services funded by DHR, this Memorandum of Agreement serves a valuable function within our service system. The MOA does not specify the frequency or time frames in which the agreement can be modified; however the current agreement was entered into in 1990 and will be renegotiated in State fiscal year 2004.

DHR and DJS staff work together at the same site and have participated in IV-E related trainings over the past years designed to raise the awareness of IV-E regulations and the importance of the IV-E program. The resulting improvements in communication between DJS staff and DHR staff have improved the efficiency and effectiveness of the IV-E program. This collaboration between DHR and DJS on the IV-E program, and the focus on the two departments working together to make more accurate eligibility determinations and maintain effective record keeping was cited as a positive in the last Title IV-E foster care eligibility review by the Administration for Children and Families (ACF). Other partners in the placement of children are the Department of Mental Hygiene and the Developmental Disabilities Administration.

In FY 02 the number of child care and child placement agency sites licensed by DHR reached 274, and grew to 296 by October 2002. Additionally, the percent of minority-operated residential childcare and child placement agencies licensed by DHR has steadily grown from 21% in 1998, to 37% in 2000, to 45% in FY 02. There were 3,615 group care and treatment foster care contract beds in FY 02, and by October 2002 the number had grown to 4,057.

The licensing and monitoring staffs are committed to developing resources that meet the needs of children requiring out-of-home placements. Licensing entails the review of applications of the prospective provider agencies interested in opening a group home for the care of four to twelve children. These group homes must meet regulatory standards prior to receiving a license to operate. Monitoring of the facility occurs at least once every quarter except where situations necessitate more frequent visits. In FY 2002, licensing was completed for 27 new programs—17 new residential child care programs and 10 child placement agencies, 3 of which are independent living programs.

The Department also has a Memorandum of Agreement with the Governor's Office of Children, Youth and Families to provide community-based family support and family preservation services in local communities. There is an additional agreement with the Department of Health and Mental Hygiene for the integration of substance abuse assessment and treatment services for clients in

the child welfare system. And, each local department has agreements with law enforcement regarding the conduct of joint investigations.

8. *Citing any data available, discuss how effective the State has been in meeting State plan requirements for determining whether children are American Indian and ensuring compliance with the Indian Child Welfare Act*

While the State of Maryland does not have any Federally-recognized Tribes, State policy requires that other resources such as regional and national Indian organizations be consulted. When placing a Native American child, the following steps are taken:

- Determination of the child's Tribe. This includes determining which Indian nation the child is from, and what other ethnicities the child may claim;
- Identification of the relative family. Under ICWA, an Indian child may be placed with blood relatives, whether or not that relative is of Native American ancestry;
- Contacting regional or national Tribal organizations. The Tribe of the child must be informed that the child is being committed to foster care. If the Tribe has a foster home available for placement, the child must be placed there. Otherwise, the Tribe may have reference to an Indian foster home in Maryland, which may be of another Tribe, but is suitable for placement.

A Native American child may be placed in a regular foster home for emergency circumstances only. Otherwise, the above steps must be taken prior to placement.

The number of Native American (includes Alaskan Native) child welfare services clients in Maryland is small. In calendar year 2002, there were 15,986 child protective service investigations opened which later closed with an indicated or unsubstantiated finding. Of these, 27 persons (0.7%) identified themselves as Native Americans. At the end of calendar year 2002, there were 11,276 children in out-of-home care in Maryland. Of these, 17 children (0.15%) identified themselves or were identified as Native American.

G. Foster and Adoptive Home Licensing, Approval, and Recruitment

- 1. Discuss how effective the State has been in meeting the requirement to establish and maintain standards for foster family homes, adoptive homes, and child care institutions in which children served by the agency are placed.***

Foster home approval standards have been regulated since 1994 and are incorporated into State regulations. At a minimum, these regulations are reviewed and revised every eight years. Revisions also occur after significant statutory changes. The revision updates include a public comment period.

The primary purposes of the foster/adopt home regulations are to:

- Provide dual approval of resource homes (Foster Care & Adoption) to expedite permanency;
- Protect children from the special risk arising from having to live outside their own homes by maintaining high quality foster/adopt homes that will provide supportive care for the children;
- Provide support and guidance to the foster/adoptive parents for the purpose of providing a caring, nurturing, and protective environment for foster children in a family setting;
- Provide a framework for foster/adoptive parents to represent the community as professional team members to promote the safety, permanency and well-being of the foster child; and
- Provide a framework for foster/adoptive parents to co-parent the foster child, mentor the birth family, and participate as members of the family team in the concurrent permanency planning process.

The technical requirements for foster/adoption home approval include the following:

- United States citizen or legal immigrant admitted for legal residence;
- At least 21 years of age;
- Physical medical examination for all individuals living in the home;
- Criminal and protective services background checks for applicant and all household members 18 years and older;
- Child support clearance to determine any child support arrears owed;

- Three personal references;
- Health and sanitary approval of the residence;
- Financial stability of foster/adoptive parents;
- Fire safety approval;
- Adequate sleeping and living quarters;
- Safety requirements for swimming pools, hot tubs, spas, and waterfront property;
- Dual approval as both foster care and adoption placement;
- Twenty (27) hours of pre-service training;
- Cardiopulmonary resuscitation certification;

Child Welfare and Adult Services Performance System (CAPS) reviews are used to determine local department compliance with the above requirements.

Local departments must conduct an annual reconsideration of each foster/adopt home that includes at least one home visit, to determine compliance with the foster/adopt home regulations.

Resource parent standards were developed for use by the local departments and they include:

- Knowledge of, interest in, and regard for the principles of good child care, understanding of the resource (foster/adoptive) parents' responsibilities in providing good child care, as well as the requirements for approval;
- Willingness to work with local department personnel in the best interest of the child;
- Maturity and personality characteristics which (a) make it possible to provide an emotional climate in which a child can benefit during temporary care, (b) create an atmosphere where social skills can be enriched, (c) help a foster child understand out-of-home placement and his or her feelings about the placement, and, (d) help maintain the family ties through regular and consistent family contact as required by the child's case plan;
- The flexibility to understand and work with lifestyles different from the resource (foster/adoptive) parents;

- The capacity to value, respect, appreciate, and educate a child regarding the child's racial, ethnic, religious, and cultural heritage;
- The capacity to understand that it is in the best interest of a child of mixed racial parentage to have healthy multi-racial experiences;
- The skills to promote the process of socialization through family life to enhance the child's growth and learning;
- The suitability in age and physical stamina to meet the demands of the care of growing children;
- The willingness to support and encourage a child's educational progress, and take an active role by attending school conferences and similar activities whenever possible;
- The ability to provide time free from the interference of other responsibilities, and to give a child the needed care and attention;
- The ability to provide adequate family life and meet the needs of a foster child, notwithstanding any employment outside the home;
- Awareness of the way in which a child needs family life to grow and learn, and the ability to provide the child with the values parents customarily provide, including training and opportunities for socialization, both as part of and outside the structure of the family.

Kinship caregivers are entitled to information on how to apply for approval as a restricted foster home. This is an option and is not a requirement for kinship caregivers. The caregiver is required to meet the same approval standards as a regular foster parent. If approved, the home will be restricted solely for the placement of the related child and the relative will receive Maryland's foster care board rate. If the relative caregiver elects not to go through the foster care licensing process, the following eligibility requirements apply for approval as a Kinship Care placement:

- The kinship caregiver must cooperate with the local department of social services;
- The kinship caregiver must be of sound physical and mental health;
- The kinship caregiver must be suitable in age and physical stamina to meet the demands of caring for a young child or one with special needs;

- The kinship caregiver must agree to refrain from physical discipline and corporal punishment;
- The kinship caregiver and all adults (18+) in the household must undergo a Federal and State criminal background check;
- The kinship caregiver and all adults in the household must consent to a review of state records to determine any history of child abuse or neglect;
- The caregiver's home must meet health and safety standards;

Residential Child Care Programs

Residential Child Care Programs (Group Homes) are licensed by the Department of Human Resources, Department of Juvenile Services, and the Department of Health and Mental Hygiene. The following services are provided under contract:

- Shelters (60 days)
- Diagnostic & Evaluation Shelters (90 days)
- Small Group Homes no more than 12 beds
- Large Group Homes (more than 12 beds)
- Placements for Medically Fragile Children
- Teen Mother/Baby Program
- Therapeutic Group Homes

The Department of Human Resources (DHR) currently licenses 187 programs throughout the state. Forty-Six (46) percent are minority owned and operated. These group homes serve children who have been abused and neglected, have personality disorders, exhibit sexually acting-out behaviors, are assaultive to peers and adults, are chronic run-aways, are medically fragile, have learning disabilities or are self-abusive. DHR currently has contracts to serve 2,685 children. Staff in group homes are available 24 hours/seven days a week for care and supervision and safety of the residents.

Facilities are visited for monitoring purposes on a quarterly basis. Those programs that are experiencing problems may be monitored on a monthly basis. Following licensing a newly licensed facility, the coordinator may make monthly visits for at least six months. Re-licensure is conducted every two years.

Monitoring consists of the following as part of a detailed review checklist.

- Inspection of the physical plant which includes the living areas, kitchen, dining and living rooms, recreation area, bedrooms, bathrooms, laundry area, as well as a check of the refrigerator and freezer, stove, vents, and fire extinguisher;

- Review of the menus posted for the week/month;
- Observing the interaction between staff and residents;
- Inspection of the outside lawn & shrubbery.
- After the completion of the monitoring visit, the coordinator has an exit interview with the program administrator, and any staff that the administrator desires to have present. Areas of non-compliance are discussed.
- A formal report is sent to the Chief Executive Officer and/or program administrator with a request for a corrective plan outlining steps taken to rectify any deficiencies.

Disciplinary Measures

- Sanctions may be imposed on the licensee in order to ensure compliance with the COMAR regulations. Sanctions may be imposed up to 60 days if it is determined that the licensee should be able to attain full compliance within the sanction period. Sanctions range from restrictions on accepting new referrals to revocation of license.
- At least 20 days before the imposition of a sanction, the facility is given notice of our intention to impose the sanction.
- At least 5 days before the effective date of the sanction, the licensee is to submit a corrective action plan for approval.
- If the plan is not approved then we move to suspension. This involves the suspension of referrals for a period of 60 days. Placing agencies are notified.
- Licensee may submit a plan of correction; within 10 days of receipt it is determined whether the plan is acceptable.
- If the plan is not acceptable the licensee is notified of the intention to revoke the license.
- The licensee has a right to appeal the suspension and the revocation. To date we have successfully been upheld in the closure of 4 facilities.

2. *Citing any data available to the State, discuss how effective the State has been in meeting the State plan requirement to ensure that the State's licensure standards are applied equally to all foster and adoptive homes and child care institutions that serve children in the State's care or custody.*

Approval standards for foster/adoptive homes are the same regardless of relative or non-relative status. CAPS reviews address compliance with approval standards.

Child care agencies licensed to provide group care are licensed under regulations that are uniform regardless of the agency issuing the license.

3. Citing any licensure or safety data available to the State, discuss how effectively the State has been in meeting the State Plan requirements to conduct criminal background clearances on prospective foster and adoptive families, including those being licensed or approved by private agencies in the State.

Before a foster/adoptive home is approved, an applicant and all household members 18 years old and older must apply for a State and federal criminal background investigation. Once the foster/adopt home is approved, if any new individual, 18 years or older joins the household, they must apply for a criminal background investigation within 30 days of moving into the household. The Department may not approve or continue to approve as a foster/adopt home any home in which an adult in the household (1) has a felony conviction for child abuse or neglect, spousal abuse, a crime against children, rape, sexual assault, manslaughter, or homicide or any felony crime which could detrimentally affect the safety of the foster child, or (2) in the 5 years before the date of application, has a felony conviction, battery, or a drug-related offense. The Department may not approve or continue to approve as a foster/adopt home any home in which an individual has an indicated child abuse or neglect finding. An exception may not be made unless the local director gives approval in writing.

The system for criminal background and child abuse registry clearances operates effectively. There are, however, problems receiving Federal criminal background clearances from the FBI. When there are problems obtaining readable fingerprints, there is a procedure to allow for a name and social security criminal background clearance.

CAPS data for 2002 indicates that a criminal background check was completed on all the members of the prospective resource household age 18 years or older 97% of the time.

4. *Citing any data available to the State, discuss how effective the State has been in meeting the State plan requirement to recruit and train foster and adoptive families that represent the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed, including the effectiveness of the State's official recruitment plan.*

In order to ensure no undue delay in placing children for adoption, each local department, on an ongoing basis, actively recruits and studies a diverse group of prospective adoptive parents who have the potential for meeting the needs of Maryland's children who are or will be awaiting adoption. Local departments have comprehensive recruitment plans that include:

- A description of the characteristics of waiting children;
- Specific strategies to reach all parts of the community;
- Diverse methods of disseminating both general and child specific information;
- Strategies to ensure that all prospective adoptive parents have access to the home study process;
- Strategies for training staff to work with diverse cultural, racial, and economic communities;
- Strategies for dealing with linguistic barriers;
- Procedures for the timely search for prospective adoptive parents for a waiting child, including use of exchanges and other efforts.

The State contracts with private adoption agencies to recruit prospective adoptive families to match with children in the Maryland Adoption Resource Exchange (MARE). These agencies bring innovative strategies to the recruitment of adoptive homes for special needs children.

Ensuring that resource homes are available for children who are removed from their homes is the ultimate goal of recruitment and retention. Some of the strategies utilized by the State in its recruitment campaign include:

- Media ads;
- Numerous foster/adoptive parent award activities;
- State Foster Parent Appreciation Month declarations;

- Utilization of promotion firms to develop and disseminate radio, newspaper and Billboard ads;
- Quarterly recruitment meetings held with recruiters from local departments of social services;
- Recruitment activities at community and ethnic events.

Local departments of social services are State administered but retain a certain local autonomy. Therefore, each department is free to develop its own recruitment and retention plan that reflects the local demographics of the children it serves. Quarterly recruitment meetings are held with representatives from local departments where the effectiveness of recruitment efforts are discussed and modifications suggested.

Adoption incentive monies will be utilized for child specific recruitment, to improve the MARE database, and for the use of media ads to promote and recruit homes for special needs children.

Maryland Department of Human Resources policy is in compliance with all aspects of the Multi-Ethnic Placement Act (MEPA). Memoranda were forwarded to all local departments of social services and private adoption agencies advising that they follow the mandates of MEPA. They were also informed of the most recent modifications to MEPA, including the penalties associated with a failure to comply.

5. Citing any data available to the State, discuss how effective the State has been in meeting the State plan requirement to recruit and use adoptive families for waiting children across State or other jurisdictional boundaries. In responding, consider relevant agency policies, timeframes for initiating recruitment activities, and specific methods.

Maryland ensures that the policies and regulations of the Interstate Compact on the Placement for Children (ICPC) are followed for children placed for adoption from other states. The Department has increased the staff in the ICPC office to move cases as swiftly and efficiently as possible. ICPC training has been given to local department staff and private adoption agencies to increase their understanding of the ICPC regulations.

This year the State was able to enact legislation that allows children placed Maryland for adoption to attend Maryland's schools without paying tuition. This legislation eliminates one of the barriers to the adoptive placement of children from other states.

Maryland encourages cross-county activities that promote placement of children across county lines. These activities include matching parties or joint recruitment

activities. Communication between the District of Columbia and the State continues to decrease the barriers to placement of District children into Maryland's counties.

The State provides non-recurring adoption reimbursement for those families adopting special needs children from other countries through a licensed child placement agency. This reimbursement is a one-time-only payment of up to \$2000 per child.

Congress passed the Inter-country Adoption Act in October 2000. This federal legislation grants automatic citizenship to children born abroad who are adopted by United States citizens when they enter the United States to live permanently with their adoptive parents. The bill eliminates the requirement that the parents of these children submit an application to have their children naturalized. Federal regulations and procedures have been drafted to accredit agencies and approve persons who provide international adoption services.

House Bill 396 was passed in Maryland during the 2002 legislative session. It requires that foreign adoption decrees be given full recognition and effect in the State of Maryland. As soon as federal regulations and procedures are adopted, a committee will be convened to determine the course of implementation in Maryland.

Currently, Maryland provides post-adoption services to families who request them. This includes the determination of eligibility for the non-recurring adoption subsidy for children adopted internationally. These children and their families can be given referrals to adoptive family support groups and may receive services available to families who adopt children from this country.

At this time Maryland does not track the number of children who were adopted from other countries and who enter into State custody as a result of the disruption of a placement for adoption or the dissolution of an adoption, the agencies who handled the placement or the adoption, the plans for the child, or the reasons for the disruption or dissolution. Once MD CHESSIE (Maryland's SACWIS system) is operational, these numbers will become available. Any child entering care as the result of a disruption or dissolution, whether they were adopted internationally or locally, are provided the same services as all other children entering care.

SECTION III: MARYLAND STATES CHILD AND FAMILY SERVICES REVIEW DATA PROFILE, JULY 4, 2003

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Maryland States Child and Family Services Review Data Profile, July 4, 2003

FOOTNOTES TO DATA ELEMENTS IN CHILD SAFETY PROFILE

Each maltreatment allegation reported to NCANDS is associated with a disposition or finding that is used to derive the counts provided in this safety profile. The safety profile uses three categories. The various terms that are used in NCANDS reporting have been collapsed into these three groups.

Disposition Category	Safety Profile Disposition	NCANDS Disposition Codes Included
A	Substantiated or Indicated (Maltreatment Victim)	"Substantiated," "Indicated," and "Alternative Response Disposition Victim"
B	Unsubstantiated	"Unsubstantiated," "Unsubstantiated, Other than Intentionally False Reporting" and "Unsubstantiated Due to Intentionally False Reporting"
C	Other	"Closed-No Finding," "Alternative Response Disposition – Not a Victim," and "Unknown or Missing"

Alternative Response was added starting with the 2000 data year. The two categories of Unsubstantiated were added starting with the 2000-day year. In earlier years there was only the category of Unsubstantiated

1. The data element, "Total CA/N Reports Disposed," is based on the reports received in the State that received a disposition in the reporting period under review. The number shown may include reports received during a previous year that received a disposition in the reporting year. Counts based on "reports," "duplicated counts of children," and "unique counts of children" are provided.
2. The duplicated count of children (report-child pairs) counts a child each time that (s)he was reported. The unique count of children counts a child only once during the reporting period, regardless of how many times the child was reported.
3. For the column labeled "Reports," the data element, "Disposition of CA/N Reports," is based on upon the highest disposition of any child who was the subject of an investigation in a particular report. For example, if a report investigated two children, and one child is found to be neglected and the other child found not to be maltreated, the

report disposition will be substantiated (Group A). The disposition for each child is based on the specific finding related to the maltreatment(s). In other words, of the two children above, one is a victim and is counted under “substantiated” (Group A) and the other is not a victim and is counted under “unsubstantiated” (Group B). In determining the unique counts of children, the highest finding is given priority. If a child is found to be a victim in one report (Group A), but not a victim in a second report (Group B), the unique count of children includes the child only as a victim (Group A). The category of “other” (Group C) includes children whose report may have been “Closed without a finding,” children for whom the allegation disposition is “unknown,” and other disposition that a State is unable to code as substantiated, indicated, alternative response victim, or unsubstantiated.

4. The data element, “Child Case Opened for Services,” is based on the number of victims (Group A) during the reporting period under review. “Opened for Services” refers to post-investigative services. The duplicated number counts each time a victim’s report is linked to on-going services; the unique number counts a victim only once regardless of the number of times services are linked to reports of substantiated maltreatment.

Maryland States Child and Family Services Review Data Profile, July 4, 2003

5. The data element, "Children Entering Care Based on CA/N Report," is based on the number of victims (Group A) during the reporting period under review. The duplicated number counts each time a victim's report is linked to a foster care removal date. The unique number counts a victim only once regardless of the number of removals that may be reported.
6. The data element "Child Fatalities" counts the number of children reported to NCANDS as having died as a result of child abuse and/or neglect. Depending upon State practice, this number may count only those children for whom a case record has been opened either prior to or after the death, or may include a number of children whose deaths have been investigated as possibly related to child maltreatment. For example, some States include neglect-related deaths such as those caused by motor vehicle or boating accidents, house fires or access to firearms, under certain circumstances. The percentage is based on a count of unique victims of maltreatment for the reporting period. The count also includes fatalities that have been reported on the Agency File, which collects non-child welfare information system data.
7. The data element, "Recurrence of Maltreatment," is defined as follows: Of all children associated with a "substantiated," "indicated," or "alternative response victim" finding of maltreatment during the first six months of the reporting period, what percentage had another "substantiated," "indicated," or "alternative response victim" finding of maltreatment within a 6-month period. The number of victims during the first six-month period and the number of these victims who were recurrent victims within six months are provided. This data element is used to determine, in part, the State's substantial conformity with Safety Outcome #1.
8. The data element, "Incidence of Child Abuse and/or Neglect in Foster Care," is defined as follows: Of all children who were served in foster care during the reporting period, what percentage were found to be victims of maltreatment. A child is counted as having been maltreated in foster care if the perpetrator of the maltreatment was identified as a foster parent or residential facility staff. Counts of children maltreated in foster care are derived from NCANDS, while counts of children placed in foster care are derived from AFCARS. The observation period for these measures is January-September because this is the reporting period jointly addressed by both NCANDS and FCARS. For both measures, the number of children found to be maltreated in foster care and the percentage of all children in foster care are provided. This data element is used to determine, in part, the State's substantial conformity with Safety Outcome #2.

Additional Footnotes

- A. Duplicated count of households with CPS investigations began in CY 2001.
- B. MD has the disposition category “ruled out” for situations of maltreatment that cannot be substantiated. Such reports are required to be expunged from the data based within 120 days of their receipt. At this point, the data system does not maintain data that can be retrieved on such cases.
- C. CPS staff in Maryland began identifying children as victims of maltreatment three years ago. As of 2001, data were entered on 50% of the investigations. The numbers in this section were estimated based on the percentage of cases that have an entry.
- D. The count of unsubstantiated reports is incomplete.
- E. In 2002, MD did not report on fatalities in the Child file. MD Agency file is not yet available.
- F. Previously, Maryland had only submitted summary data (shown in this table as Duplicate Children), and not data by individual child, which made it impossible for the Children’s Bureau to calculate the two safety indicators. Those required unique child data. For 2002, the State did submit a child file, but there are continuing issues with it that are yet to be resolved. Almost 85% of victims in the file are not associated with any perpetrators. As a result, reporting on perpetrators is incomplete. However, there are 14 unique victims in the file who are associated with perpetrators coded as Foster Parent. These data could be specially added from alternative data source and may or may not be accurate.

Maryland States Child and Family Services Review Data Profile July 4, 2003

II. POINT-IN-TIME PERMANENCY PROFILE		Federal FY 2000		Federal FY 2001		Federal FY 2002	
		# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
I. Foster Care Population Flow							
Children in foster care on first day of year		12,295		11,966		11,454	
Admissions during year		3,928		3,662		3,448	
Discharges during year		3,110		3,064		2,945	
Children in care on last day of year		13,113		12,564		11,957	
Net change during year		+818		+598		+503	
II. Placement Types for Children in Care							
Pre-Adoptive Homes		492	3.8	621	4.9	450	3.8
Foster Family Homes (Relative)		4,976	37.9	4,389	34.9	4,170	34.9
Foster Family Homes (Non-Relative)		3,750	28.6	4,749	37.8	4,371	36.6
Group Homes		1,266	9.7	1,304	10.4	1,413	11.8
Institutions		1,550	11.8	414	3.3	428	3.6
Supervised Independent Living		117	0.9	136	1.1	171	1.4
Runaway		67	0.5	91	0.7	138	1.2
Trial Home Visit		714	5.4	722	5.7	654	5.5
Missing Placement Information		162	1.2	98	0.8	153	1.3
Not Applicable (Placement in subsequent year)		19	0.1	40	0.3	9	0.1
III. Permanency Goals for Children in Care							
Reunification		4,150	31.6	3,892	31.0	3,789	31.7
Live with Other Relatives		2,206	16.8	1,989	15.8	1,825	15.3
Adoption		2,535	19.3	2,670	21.3	2,431	20.3
Long Term Foster Care		2,180	16.6	2,104	16.7	2,289	19.1
Emancipation		1,271	9.7	1,312	10.4	1,329	11.1
Guardianship		371	2.8	224	1.8	89	0.7
Case Plan Goal Not Established		400	3.1	373	3.0	205	1.7
Missing Goal Information		0	0	0	0	0	0

Maryland States Child and Family Services Review Data Profile July 4, 2003

II. POINT-IN-TIME PERMANENCY PROFILE (continued)		Federal FY 2000		Federal FY 2001		Federal FY 2002	
IV. Number of Placement Settings in Current Episode		# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
One		5,135	39.2	4,653	37.0	4,224	35.3
Two		3,992	30.4	3,734	29.7	3,693	30.9
Three		1,961	15.0	2,083	16.6	1,901	15.9
Four		993	7.6	965	7.7	994	8.3
Five		548	4.2	534	4.3	496	4.1
Six or more		484	3.7	595	4.7	628	5.3
Missing placement settings		0	0	0	0	21	0.2
V. Number of Removal Episodes		Federal FY 2000		Federal FY 2001		Federal FY 2002	
One		10,005	76.3	9,663	76.9	9,199	76.9
Two		2,508	19.1	2,360	18.8	2,234	18.7
Three		504	3.8	443	3.5	425	3.6
Four		94	0.7	65	0.5	76	0.6
Five		1	0.0	0	0	1	0.0
Six or more		1	0.0	1	0.0	1	0.0
Missing removal episodes		0	0	32	0.3	21	0.2
VI. Number of children in care 17 of the most recent 22 months ² (percent based on cases with sufficient information for computation)		Federal FY 2000		Federal FY 2001		Federal FY 2002	
		4,171	65.3	4,049	64.4	3,885	64.3
VII. Median Length of Stay in Foster Care (of children in care on last day of FY)		Federal FY 2000		Federal FY 2001		Federal FY 2002	
		33.6	Number of Months	34.6	Number of Months	34.5	Number of Months

Maryland States Child and Family Services Review Data Profile July 4, 2003

II. POINT-IN-TIME PERMANENCY PROFILE (continued)	Federal FY 2000		Federal FY 2001		Federal FY 2002	
	# of Children Discharged	Median Months to Discharge	# of Children Discharged	Median Months to Discharge	# of Children Discharged	Median Months to Discharge
VIII. Length of Time to Achieve Perm. Goal						
Reunification	1,879	9.0	1,845	10.3	1,790	10.9
Adoption	481	52.3	606	49.6	666	49.0
Guardianship	142	20.5	102	17.2	17	14.8
Other	312	41.3	318	46.7	354	44.3
Missing Discharge Reason	296	10.8	192	9.5	118	2.7
Missing Date of Latest Removal or Date Error ³	0	NA	0	NA	0	NA
Statewide Aggregate Data Used in Determining Substantial Conformity						
IX. Of all children who were reunified with their parents or caretakers at the time of discharge from foster care, what percentage was reunified in less than 12 months from the time of the latest removal for home? (4.1) [Standard: 76.2% or more]	1,039	55.3	1,008	54.6	953	53.2
X. Of all children who exited care to a finalized adoption, what percentage exited care in less than 24 months from the time of the latest removal from home? (5.1) [Standard: 32.0% or more]	67	13.9	97	16.0	98	14.7
XI. Of all children served who have been in foster care less than 12 months from the time of the latest removal from home, what percentage have had no more than two placement settings? (6.1) [Standard: 86.7% or more]	4,049	95.4	3,846	94.9	3,609	94.5
XII. Of all children who entered care during the year, what percentage re-entered foster care within 12 months of a prior foster care episode? (4.2) [Standard: 8.6% or less]	355	9.0	351	9.6	287	8.3

Maryland States Child and Family Services Review Data Profile July 4, 2003

III. PERMANENCY PROFILE FIRST-TIME ENTRY COHORT GROUP	Federal FY 2000		Federal FY 2001		Federal FY 2002	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
I. Number of children entering care for the first time in cohort group (% = 1 st time entry of all entering within first 6 months)	1,563	80.3	1,405	80.6	1,316	79.7
II. Most Recent Placement Types						
Pre-Adoptive Homes	12	0.8	7	0.5	17	1.3
Foster Family Homes (Relative)	557	35.6	476	33.9	452	34.3
Foster Family Homes (Non-Relative)	590	37.7	604	43.0	523	39.7
Group Homes	115	7.4	118	8.4	120	9.1
Institutions	84	5.4	40	2.8	36	2.7
Supervised Independent Living	5	0.3	2	0.1	3	0.2
Runaway	3	0.2	7	0.5	12	0.9
Trial Home Visit	168	10.7	129	9.2	140	10.6
Missing Placement Information	25	1.6	17	1.2	10	0.8
Not Applicable (Placement in subsequent yr)	4	0.3	5	0.4	3	0.2
III. Most Recent Permanency Goal						
Reunification	1,160	74.2	1,072	76.3	983	74.7
Live with Other Relatives	153	9.8	109	7.8	152	11.6
Adoption	42	2.7	47	3.3	51	3.9
Long-Term Foster Care	30	1.9	33	2.3	19	1.4
Emancipation	37	2.4	30	2.1	25	1.9
Guardianship	6	0.4	5	0.4	2	0.2
Case Plan Goal Not Established	135	8.6	109	7.8	84	6.4
Missing Goal Information	0	0	0	0	0	0

Maryland States Child and Family Services Review Data Profile July 4, 2003

III. PERMANENCY PROFILE FIRST-TIME ENTRY COHORT GROUP (Continued)		Federal FY 2000		Federal FY 2001		Federal FY 2002	
IV. Number of Placement Settings in Current Episode		# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
One		1,058	67.7	981	69.8	886	67.3
Two		401	25.7	327	23.3	333	25.3
Three		92	5.9	71	5.1	73	5.5
Four		7	0.4	16	1.1	19	1.4
Five		5	0.3	3	0.2	2	0.2
Six or more		0	0	7	0.5	3	0.2
Missing placement settings		0	0	0	0	0	0
V. Reason for Discharge							
Reunification/Relative Placement		380	81.9	430	86.9	309	85.8
Adoption		6	1.3	4	0.8	9	2.5
Guardianship		11	2.4	17	3.4	2	0.6
Other		11	2.4	13	2.6	13	3.6
Unknown (missing discharge reason or N/A)		56	12.1	31	6.3	27	7.5
VI. Median Length of Stay in Foster Care		Number of Months 27.1 ⁴		Number of Months 18.3 ⁵		Number of Months Not Yet Reached ⁶	

Maryland States Child and Family Services Review Data Profile July 4, 2003

FOOTNOTES TO DATA ELEMENTS IN THE PERMANENCY PROFILE

¹The FY00, FY01, and FY 02 counts of children in care at the start of the year exclude 84, 81, 62 children, respectively. They were excluded to avoid counting them twice. That is, although they were actually in care on the first day, they also qualify as new entries because they left and re-entered again at some point during the same reporting period. To avoid counting them as both "in care on the first day" and "entries," the Children's Bureau selects only the most recent record. That means they get counted as "entries," not "in care on the first day."

²We designated the indicator, *17 of the most recent 22 months*, rather than the statutory time frame for initiating termination of parental rights proceedings at *15 of the most 22 months*, since the AFCARS system cannot determine the *date the child is considered to have entered foster care* as defined in the regulation. We used the outside date for determining the *date the child is considered to have entered foster care*, which is 60 days from the actual removal date.

³Dates necessary for calculation of length of time in care in these records are chronologically incorrect. N/A = Not Applicable

⁴This First-Time Entry Cohort median length of stay was 27.1 months in FY00. This includes no children who entered and exited on the same day (who had a zero length of stay). Therefore, this calculation was not affected by any "same day" children.

⁵This First-Time Entry Cohort median length of stay was 18.3 months for FY01. This includes no children who entered and exited on the same day (who had a zero length of stay). Therefore, this calculation was not affected by any "same day" children.

⁶This First-Time Entry Cohort median length of stay was not yet reached for FY02. This does not include any children who entered and exited on the same day (who had a zero length of stay). Therefore, the median length of stay was not affected by any "same day" children. The designation "not yet reached" occurs when a true length of stay for the cohort cannot be calculated because fewer than 50% of the children have exited.

SECTION IV – NARRATIVE ASSESSMENT OF CHILD AND FAMILY OUTCOMES

A. Safety

Outcome S1: Children are, first and foremost, protected from abuse and neglect.

Outcome S2: Children are safely maintained in their homes whenever possible and appropriate.

The Social Services Administration (SSA) of the Maryland Department of Human Resources (DHR) began developing child welfare performance measures in late 1990's in response to quality improvement initiatives promoted by the Department of Budget and Management. Maryland developed seven managing for results measures (MFR) based data available from DHR's centralized data system, the Client Information System (CIS). Since then, SSA has added six federal child welfare performance measures to MFR measures to provide feedback on the status of child welfare services in Maryland.

Due to limited information system resources, DHR/SSA focused mainly in the past on federal and state level performance reports. Now DHR/SSA is providing feedback on measures to local departments so each can see how their performance contributes to the state total.

NCANDS Submissions

Maryland submitted NCANDS' Detailed Case Data Component (DCDC) data for the first time in the spring of 2003 and resubmitted twice afterwards.

Unfortunately, many problems still remain in the data submitted such that the state proposes to use alternative data sources to respond to questions and outline trends in Section IV.

The child safety profile information in Section III is based on DCDC data for Calendar 2002 and Summary Data Component (SDC) data for Calendar 2000 and 2001. For reasons outlined below these counts are of limited value. The remainder of this section will outline results based on CIS data processed by the DHR/SSA Research Unit, which has been tracking child safety trends for several years.

Limitations of Maryland CPS Data submitted to NCANDS

Maryland's SDC data submission for CY 2000 is based on a duplicated household count. State law in effect at that time prohibited maintaining an electronic database on alleged maltreatment victims and perpetrators. Thus, only household counts (investigation type and outcome type) were available on

the state's Client Information System (CIS). For this reason, many questions on the federal SDC questionnaire (and consequently in Section III) were left blank.

Due to a legal change in 1999, Maryland was able to begin identifying alleged child maltreatment victims and perpetrators by adding a special code to the CPS case on the Client Information System. These codes, once they began to be used widely by workers around the state, permitted for the first time the collection of data on victims and perpetrators as specified by NCANDS.

Disposition Outcomes

There is considerable variation across states and between states and the federal government in terminology used to refer to CPS investigations and their disposition. To confuse matters more, some of the same terms have different meanings depending on the source. Below is an approximate translation table regarding terms used by NCANDS and by Maryland to refer to CPS investigations dispositions. In Section IV, we shall specify when we are using a federal term for a disposition or a Maryland term.

NCANDS Term

Substantiated
Indicated
Unsubstantiated

Comparable Maryland Term

Indicated
Unsubstantiated
Ruled Out

The Maryland term "unsubstantiated" is defined by law as "an insufficient amount of evidence to support a finding of indicated or ruled out". Hence, it does not correspond exactly to the federal term "indicated".

1. Trends in Safety Data

The number of child protective service (CPS) investigations increased 3.7% in FY 2002, up slightly from the 1.8% increase the year before. The largest number of CPS investigations is for neglect. Sexual abuse is the least common type of maltreatment but the number of these investigations increased by a greater percentage (6.3%) in FY 2002 compared to neglect or physical abuse investigations.

Table A, based on CIS data, shows the number of investigations by jurisdiction and state fiscal year. This is a duplicated household count. That is, the table includes each CPS investigation that opened for a household by type. If a neglect investigation is opened and a physical abuse investigation is opened at the same time for the same household, each one is counted as a separate investigation. If a neglect investigation is opened on a household and another neglect investigation is opened later in the same year, both investigations are counted.

Table A also shows the percent of CPS investigations that closed as indicated (the most serious finding in Maryland) by jurisdiction and by year. The overall number of investigations that closed as “indicated” declined 4% compared to FY2001. At the same time the number of investigations increased. These two trends move in opposite directions. As a result the overall percentage of CPS investigations that close as indicated has declined to 23% of total investigations, the lowest ratio of indicated to total investigations in recent years.

Table A shows that the percentage of investigations that close as indicated varies between jurisdictions. Other statistics obtained from CIS including type of investigation, percent of indicated cases which receive agency services, and percent of investigations closed within 60 days, are available in each jurisdiction’s Child Welfare and Adult Services Performance System (CAPS) report.

Table A: Number of CPS Investigations and Percent Closed as Indicated by Jurisdiction and Year

COUNTY	1998 Invest.	1998 Indicated%	1999 Invest.	1999 Indicated%	2000 Invest.	2000 Indicated%	2001 Invest.	2001 Indicated%	2002 Invest.	2002 Indicated%
Allegany	654	30%	583	35%	694	35%	677	34%	691	25%
Anne Arundel	2,954	15%	2,106	21%	2,768	20%	2,828	22%	2,981	18%
Baltimore	2,824	27%	3,366	21%	3,009	23%	2,944	24%	2,954	21%
Calvert	322	20%	272	28%	339	19%	444	20%	472	15%
Caroline	180	29%	246	33%	242	20%	292	20%	358	21%
Carroll	563	24%	614	21%	557	27%	700	23%	783	26%
Cecil	849	21%	815	21%	737	26%	696	22%	730	18%
Charles	754	10%	937	5%	802	19%	755	21%	871	15%
Dorchester	216	22%	397	7%	307	18%	327	9%	265	19%
Frederick	1,553	13%	1,215	13%	1,443	14%	1,526	20%	1,855	10%
Garrett	162	28%	89	30%	208	28%	167	26%	182	14%
Harford	1,158	19%	1,083	21%	1,236	20%	1,284	19%	1,331	17%
Howard	810	32%	745	27%	863	28%	965	28%	1,216	17%
Kent	91	19%	83	18%	106	12%	139	16%	134	16%
Montgomery	2,350	27%	2,396	19%	2,823	18%	2,844	21%	2,659	18%
Prince George's	3,690	34%	3,388	36%	3,204	32%	3,278	34%	3,327	32%
Queen Anne's	280	7%	326	7%	392	10%	350	21%	363	12%
St. Mary's	574	16%	567	24%	549	17%	556	18%	425	16%
Somerset	175	22%	197	18%	268	16%	310	22%	353	15%
Talbot	238	18%	190	19%	202	22%	241	15%	292	23%
Washington	1,407	22%	1,426	24%	1,580	25%	1,580	25%	1,735	21%
Wicomico	431	47%	648	18%	812	32%	954	22%	1,012	21%
Worcester	217	36%	345	24%	493	31%	486	26%	506	24%
Baltimore City	8,639	29%	9,186	34%	7,351	36%	7,205	36%	7,220	34%
Statewide Total:	31,091	25%	31,220	26%	30,985	26%	31,548	27%	32,715	23%

2. Child Maltreatment (Safety Data Elements I & II).

Maryland, many states, has a three-tier system for determinations at the conclusion of a Child Protective Services investigation. Maryland's definitions, however, are different than other states. In Maryland a finding of 'Indicated' means that there is credible evidence (at the preponderance level), which has not been satisfactorily refuted, that child abuse or neglect occurred. A finding of 'Unsubstantiated' means that there is insufficient evidence to support a finding of 'indicated' or 'ruled out'. Finally, a finding of 'Ruled Out' means that abuse or neglect did not occur.

These findings are important because the length of time the State is permitted to maintain a record of the investigation is based on the finding. Ruled out investigations carry a statutory requirement to be expunged (hard copy and electronic file) within 120 days of the receipt of the original report. That means that all information concerning the report is gone as if the allegation and investigation never occurred. Unsubstantiated cases may be maintained for 5 years and indicated records may be maintained indefinitely. (Note – Both Ruled Out and Unsubstantiated records have a provision that permits maintenance of the record should there be a subsequent finding while the record was permitted to be maintained.)

Maryland has experienced a leveling off of the number of CPS investigations over the past several years. Most years have seen an increase, but annual the increase is slight. This leveling is likely the result of effective public awareness campaigns in the 1990s that reached a broad audience and an 'informed public' is a reporting public. Today, the news media and entertainment world keep child abuse and other child welfare issues before the public so the number of calls concerning child abuse and neglect remain high. Local departments associated with a highly publicized child welfare situation report increases in reporting even when that local department is being criticized for not adequately protecting a child.

Maryland Family Law recognizes five child maltreatment types. They are child physical abuse, sexual abuse, neglect, mental injury abuse and mental injury neglect. Definitions of each are found in Maryland Family Law § 5-701. The percent of maltreatment by investigation type for SFY 02 is: 37% Physical Abuse, 13% Sexual Abuse, 53% Neglect and less than 1% Mental Injury (These are allegations of 'mental injury' abuse or neglect not associated with a different maltreatment type; mental injury abuse and mental injury neglect are combined in this count.)

Data on the Child Safety Profile in Section III is difficult to interpret because the data shown under each calendar year heading (2000, 2001, 2002) were provided to the federal government in three different ways leading up to the state's first Detailed Case Data Component (DCDC) submission in the spring of 2003. CY

2000 data were provided by means of a Summary Component Data (SDC) submission similar to data provided by Maryland in previous years. CY 2001 data were based on an SDC submission that included, for the first time, individual victim counts based on a new victim code available on the state's Client Information System.

Maryland's SDC data submission for CY 2000 was based on a duplicated household count. State law prohibited maintaining an electronic database on alleged maltreatment victims and perpetrators. Thus only household counts (investigation type and outcome type) were available on CIS. For this reason, many questions on the federal SDC questionnaire (and consequently in Section III) were left blank.

Table B is a substitute for Safety Data Elements I and II as shown in Section III. It shows the number of CPS investigations (duplicated household count) and their disposition over the last several years. Ruled-out (unsubstantiated in federal terms) investigations are to be expunged from CIS within 60 days. For this reason, the CIS count of ruled-out cases is indirect and is derived by subtracting all other outcomes of an investigation from the total number.

The state of Maryland cannot submit data on ruled out cases as part of its DCDC submissions meaning there will always be an undercount of CPS non-victims, a concern expressed by McDonald & Associates, the federal NCANDS contractor, in evaluating Maryland's DCDC submission. In future years, the state will need to use an alternative method to provide an overall count of investigations (similar to the count that appears in Table B) to NCANDS.

Table B shows an increase in percentage of investigations that close as unsubstantiated (indicated in federal language) and a decline in the percentage of investigations that close as indicated (substantiated in federal language) as discussed in a previous section. The percentage of cases that are ruled out is gradually increasing.

**Table B: Child Protective Services Investigations
By Disposition and Year (Duplicated Household)**

By Disposition and Year (Duplicate Headers)								
Child Protective Services	SFY 2000	%	SFY 2001	%	SFY 2002	%	CY 2002	%
Indicated Investigations	8,073	26.1%	7,874	25.0%	7,551	23.1%	7,674	23.0%
Unsubstantiated Investigations	7,708	24.9%	8,142	25.8%	8,584	26.2%	8,850	26.6%
Referred Investigation	2,282	7.4%	2,229	7.1%	2,207	6.7%	2,306	6.9%
Ruled Out Investigations*	12,922	41.7%	13,303	42.2%	14,373	43.9%	14,467	43.4%
Total Household investigations	30,985	100.0%	31,548	100.0%	32,715	100.0%	33,297	100.0%

*Obtained by subtraction from other categories								

3. Cases Opened for Services (Safety Data Element III)

Note: Maryland measures this item in CAPS. (The FY 2001 figure was 35% and the FY 2002 figure is 36% of the cases receive (CIS recorded) services following the **close** of an indicated CPS investigation.) The measure does not include services received following the **opening** of a CPS investigation (later closed as indicated) nor does it include community referrals/services not recorded on CIS. If these two factors were taken into account, the services percent would doubtless be higher.

Maryland has no risk score that automatically triggers the decision to open a case for ongoing services. The decision is one made jointly by a worker and supervisor, and is based on information collected during the investigation, as well as the safety and risk assessments. It would be rare to find cases open for service where no maltreatment was found; however, nothing in regulation or policy prevents that from occurring, with the family's concurrence. Due to the incident-driven nature of Maryland's child maltreatment statute, and the heavy emphasis on an individual's opportunity to appeal a CPS finding, there tends to be a link between the finding along with the risk assessment when determining the need for ongoing service. In short, situations that result in an Indicated (Maryland definition) finding and have higher risk scores are most commonly those opened for services.

4. Children Entering Foster Care Based on Child Abuse and/or Neglect (CA/N) Report (Safety Data Element IV).

Maryland's Child Welfare service array has consistently been able to serve children in their community when appropriate. Consistent with the systems capacity in previous years, Maryland served over 6,300 families and 15,000 children with post –Child Protective Services in state fiscal year 2002.

Similarly, Maryland provides extensive supports to kinship caregivers to allow children to remain safely with family members.

Out-of-home care is used when children cannot remain with parents or family members. Foster Care is used when necessary. The number of children in foster care declined last fiscal year by 4.8% from 12,491 to 11,889. This continues the decline of the previous year of 3.3%.

5. Child Fatalities (Safety Data Element V).

The State Child Fatality Review process is described in a previous section. In addition to this process, the Department collects data on children who die while being served by local departments or children that are reported to the local departments as fatality victims of abuse or neglect. These cases are routinely

reviewed by the Department to ensure adherence to law and policy, and to improve service delivery.

Over the years, such reviews have led to improvements in our practice paradigm. The development of a safety assessment to identify imminent threats to children, changes in staff development modules to focus on lethality, and the use of consultants to evaluate specific cases are examples of system improvements gleaned from this process.

6. Recurrence of Maltreatment (Safety Data Element VI).

DHHS cannot use SDC data to generate two federal child welfare performance safety measures (recurrence of maltreatment and maltreatment while in out-of-home care). That is the reason data on these measures is lacking in the CY 2000 and CY 2001 columns in the child Safety Profile in Section III.

Maryland submitted NCANDS Detailed Case Data Component (DCDC) data for the first time in the spring of 2003 and resubmitted twice afterwards.

Unfortunately, many problems still remain in the data submitted. The state will use the Client Information System and computer program logic that is close to that which DHHS uses to respond to questions and outline trends on this and other measures.

Table C shows the results of this effort. Feedback has been provided to local departments of social services on their performance regarding this proxy of federal child safety measure #1. The entries in Table C plus the overall state total percent at the bottom of the table shows considerable stability over the last 2½ years, especially in the larger jurisdictions. This is one test of a measure's reliability.

The bottom of the table also shows that the number of children identified as alleged CPS victims during the first six months of each year has gradually grown (from 4,116 in SFY 2001 to 7,314 in CY 2002). This is the result of more workers using victim codes on CIS and does not represent an increase in child maltreatment. In Maryland, workers may add a victim code to CPS cases that close both as indicated or unsubstantiated.

Table C: Recurrence of Abuse/Neglect

Jurisdiction	Children Identified as CPS Victims 1st Half SFY 01	Children With Repeat Occurr. Within 6 Mos.	Percent Repeat Occurr.	Children Identified as CPS Victims 1st Half SFY 02	Children with Repeat Occurr. Within 6 Mos.	Percent Repeat Occurr.	Children Identified as CPS Victims 1st Half CY 02	Children with Repeat Occurr. Within 6 Mos.	Percent Repeat Occurr.
Allegany	116	6	5.2%	141	26	18.4%	177	17	9.6%
Anne Arundel	179	21	11.7%	364	23	6.3%	626	44	7.0%
Baltimore Co.	269	15	5.6%	252	6	2.4%	313	16	5.1%
Calvert	92	0	0.0%	45	4	8.9%	73	4	5.5%
Caroline	18	2	11.1%	60	5	8.3%	63	7	11.1%
Carroll	40	0	0.0%	151	15	9.9%	220	26	11.8%
Cecil	74	3	4.1%	182	19	10.4%	212	21	9.9%
Charles	22	1	4.5%	69	3	4.3%	160	9	5.6%
Dorchester	42	6	14.3%	24	0	0.0%	49	1	2.0%
Frederick	205	24	11.7%	133	9	6.8%	134	18	13.4%
Garrett	29	6	20.7%	10	1	10.0%	21	2	9.5%
Harford	354	35	9.9%	366	42	11.5%	453	50	11.0%
Howard	235	25	10.6%	225	15	6.7%	256	26	10.0%
Kent	4	0	0.0%	10	0	0.9%	21	0	0.0%
Montgomery	412	38	9.2%	360	35	9.7%	594	65	10.9%
Prince George's	884	47	5.3%	935	51	5.5%	1275	74	5.8%
Queen Anne's	69	10	14.5%	54	4	7.4%	73	4	5.5%
St. Mary's	97	5	5.2%	56	5	8.9%	69	4	5.8%
Somerset	64	10	15.6%	92	4	4.3%	87	7	8.1%
Talbot	22	0	0.0%	30	4	13.3%	55	9	16.4%
Washington	360	34	9.4%	380	50	13.2%	438	62	14.2%
Wicomico	81	12	14.8%	154	14	9.1%	218	39	17.9%
Worcester	89	3	3.4%	114	6	5.3%	125	9	7.2%
Baltimore City	359	64	17.8%	1605	128	8.0%	1602	133	8.3%
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State Total	4116	367	8.9%	5812	469	8.1%	7314	647	8.9%

7. Incidence of Maltreatment in Out-of-Home Care (Safety Data Element VII)

The same legal initiative that permitted the addition of victim codes to a centralized database (the Client Information System) permitted the addition of alleged perpetrator codes to CIS records with one additional step—subjects of investigations are offered the opportunity of a hearing to refute the maltreatment finding.

Several other limitations of CIS and the use of perpetrator codes explain, in part, the low percentage (about 15%) of child victims in Maryland's DCDC data submission that were linked to alleged perpetrators. First, unlike victim codes, perpetrator codes can only be used for CPS investigations that close as indicated. (Substantiated in federal terminology). Thus, about half the alleged child victims whose investigation ended as unsubstantiated (in Maryland terminology, will have no corresponding perpetrator in the household.

Second, child placement agency personnel are not routinely found on the Client Information System. For this reason the Maryland proxy for this federal measure, described below, omits children in group homes (2,047 children out of 11,221 or 18% as of December 2002) from the denominator of all children in out-of-home care.

Maryland's June 2003 DCDC data submission showed 14 alleged perpetrators whose relationship to child victim was coded as "foster parent." This is probably an undercount. The SSA Research Unit is using several methods to obtain a better measure of maltreatment while in out-of-home care and will forward the results to all parties when the measure is completed.

B. Permanency

Outcome P1: Children have permanency and stability in their living situations.

Outcome P2: The continuity of family relationships and connections is preserved for children.

1. Trends in permanency data

Under the Point in Time profile, there have been some slight changes in the preferred permanency goals for children. The increase for reunification was one-tenth of a percentile, while adoption increased a full percentage point from 19.3% to 20.3%. This represents an increase in two of the highest permanency goals of the hierarchy. There was a slight decrease in relative placement (.5%). There were some fluctuations over the past 3 years in the

other listed permanency goals, including a 1.4% increase in emancipation, a 3.5% increase in long term foster care and a 2.1% decrease in guardianship. The decrease in guardianship may have been affected by the prospective families choosing to adopt rather than receive guardianship. The most notable change is the decrease in the percentage of children without an established case plan goal. This decreased from 3.1% to 1.7% marking a significant increase in ensuring that each child has a permanency goal.

Under the cohort profile, each category showed slight changes. The goals of relative placement and adoption both saw increases of 1% or more. Under the cohort profile, there was a significant decrease of 2.2% in children without an established case plan goal.

2. Foster Care Population Flow (Point in Time Data Element 1 & Cohort Data Element I)

The composition of Maryland's foster care population has changed since 1997. While the gender and racial percentages have remained relatively stable, the age at placement of the foster care population has increased. The most notable is the increase of children 12-18 years of age entering care. The percentage for this group increased from 26% to 31%. This means an increase in the teenage population, which can be harder to achieve permanency for in a timely manner and these children may have more severe care needs. About 39% of the population is part of a sibling group. This represents an increase of only 1%.

The number of children in care has decreased from 13,113 in FY 2000 to 11,957 in FY 2002. Admissions, which do not include one-day episodes or disrupted aftercare, has decreased in the last 3 years from 3928 in 2000 to 3448 in 2002

Maryland's post-CPS family in-home services does seem to be having a positive effect on the entries into foster care. These services better ensure that the children who enter foster care are children whose needs for protection and care cannot be met in their own home. For the period between FY2001 and FY2002, the percentage of children that actually had to be removed from the home within 12 months of the close of in-home family services dropped from 8.2% to 7.2%.

3. Placement Types for Children in Foster Care (Point-I-Time Date Element II & Cohort Data Element II)

From FY2000 to FY2002 there has been a cumulative increase of children placed in a family-like setting from 70.3% to 75.3%. This percent includes pre-adoptive families, foster families and relative foster families. Since a semi-independent living arrangement is in a "family-like" setting, the

percentages would increase to 71.2% and 76.7% accordingly. This translates to over three-fourths of the foster care population being placed in family-like settings. This is despite the high number of special needs children in the foster care population.

There has been a decrease in the number of congregate care placements from 21.5% in FY2000 to 15.4% in FY2002. This includes group homes and institutions. As the numbers relate, Maryland is progressing in placing children in family settings whenever it is appropriate; However, there still however, remains a portion of the population whose needs cannot be met in a home setting, so they are placed in group homes or institutions. Some of the group homes are therapeutic group homes and some are specifically for teens. It is sometimes more appropriate for a child who is transitioning to independence to be in a placement that helps them develop social skills and relationship building skills, such as in a group home, to prepare them for adult relationships and responsibilities.

4. Permanency Goals for Children in Foster Care (Point-in-Time Data Elements III & VIII and Cohort Data Elements III & V)

According to The Point-in-Time method, there have been significant drops in the time of achievement for 2 of the 3 preferred permanency goals. The only preferred permanency goal showing a slight increase is reunification, for which the median months to discharge increased from 9.0 to 10.0. Adoption showed a significant decrease in time dropping from 52.3 months to 49.0 months. Likewise, the time to achieve guardianships showed the most significant improvement, dropping from 20.5 months to 14.8 months. The time to achieve other permanency goals, including emancipation, increased slightly from 41.3 months to 44.3 months.

The Cohort profile shows positive changes in the reasons for discharge from care. The percent for Reunification/Relative Placement increased 3.9% to 85.8%. Adoption increased 1.2% to 2.5%. Guardianship lost 1.8% and other reasons, including emancipation increased 1.2%. While the median length of stay for FY2002 is not yet available, there was a significant drop in the number of months in care from 27.1 in FY2000 to 18.3 in FY2001. This indicates that children are being moved to preferred permanency in a timelier manner.

5. Achievement of Reunification (Point-in-Time Data Element IX).

Maryland performance on this indicator is 53.2%, well below the federal standard for this measure of 76.2%. For the past three years, Maryland has replicated the basic six federal child welfare performance measures. These proxy measures have helped Maryland prepare for the federal review and

provided feedback to local departments regarding their child welfare performance.

The state's proxy for this measure (using SFY/2002 data) is higher at 58.2% than the AFCARS measure. Moreover, the state proxy measure has shown improvement in the last two years (up from 55.5% in SFY/2000) in contrast to state performance based on AFCARS data where there is a decline from 55% in FFY/2000 to the current 53%. In Maryland, a child is not considered reunified until after a trial home visit (aftercare) period, if there is one, has ended. This practice increases average length of stay and means that a higher percentage of children have actually been physically reunified within the one year of removal from the home with the state retaining legal custody until the end of the aftercare period.

A major difference between the federal AFCARS measure and the state proxy measure for time to reunification is that more exits are included (866/1489) in the state measure than in the federal measure (507/953). More exits are included in the state measure because the state waits two months once a year before measuring performance for a given year. In contrast, AFCARS data is collected twice a year, not waiting for data entry to "catch up".

**6. Achievement of Adoption (Point-in-Time Data Element X) and
7. Termination of Parental Rights (Point-in-Time Data Element VI)**

Maryland's performance on this indicator 14.7% is well below the federal standard of 32%. For the past three years, Maryland has replicated the basic six federal child welfare performance measures. The state's proxy for this measure (using SFY 2002 data) is higher at 26.8% than the AFCARS measure but with a major difference. The state proxy for achievement of adoption counts time to adoptive placement, not finalization.

The reason for this difference is that adoption finalization as an end point in an episode of out-of-home care is difficult to track in Maryland. When an adoption is finalized, the child typically receives a new identity including a new ID number on the state's data system. When this occurs, it is no longer possible to easily link the adoption event to previous events in the child's out-of-home care experience including measuring the time elapsed from the date of first placement. That is why the number of children on which this measure is based in Point in Time Data Element X is small (98 children). The state proxy measure, based on exits to adoptive placements, is based on much larger numbers. For example, in SFY/2001, there were 619 exits from out-of-home care to adoptive placement (and adoption finalization) of which 205 (33.1%) occurred within 24 months of entry into out-of-home care. The percentage for SFY/2000 was 28.5%. Based on the three state proxy percentages (28.5% for SFY/2000, 33.1% for SFY/2001, and 26.8% for SFY/2002), it appears that the time required to achieve adoption tends to be growing longer.

A different analysis (shown below), which is part of DHR's annual report to the Maryland General Assembly, also suggests that the time required to achieve adoption is growing longer.

	FY 1998	FY 1999	FY 2000	FY 2001	FY 2002
Months from entry into out-of-home care to beginning of termination of parental rights	N=404 21.1 mon.	N=430 21.9 mon.	N=626 23.5 mon.	N=764 26.7 mon.	N=855 28.6 mon.
Months between beginning of termination of parental rights and adoptive placement or finalization of adoption	N=384 24 mon.	N=419 24 mon.	N=617 23.5 mon.	N=750 25.0 mon.	N=848 25.1 mon.

DHR engaged the services of the National Resource Center on Special Needs Adoption to further assess why there is this delay in Maryland's achieving permanency for children with a goal of adoption. A snapshot view was taken of Maryland through a review of policies, statutes, program manuals for foster care, kinship care, and adoption, and a review of 26 cases from Baltimore City, Baltimore County, Prince Georges County, Montgomery County and Wicomico County. It should be noted that for the purposes of this review, not all of the case record was requested. Among the barriers to timely adoption identified by the National Resource Center were:

- Delays by attorneys in filing for TPR and courts scheduling TPR hearings;
- Inconsistent use of dual licensure;
- The provision of reasonable efforts in cases meeting standards for exemption;
- Citizens' Review Board for Children issues (i.e. duplication of efforts)
- Lack of an effective tickler system for ASFA timelines;
- Untimely data entry of accurate permanency goals;
- L.J. Consent Decree requirements (heavy emphasis on compliance factors, requirements that encourage kinship caregivers to become relative foster care homes, which produces a disincentive to guardianship)
- Lack of case record documentation;

- Casework practice issues (i.e. sequential instead of concurrent permanency planning, over-protection of parents' rights);
- Lack of permanency in Kinship Care.

The National Resource Center on Special Needs Adoption recognized Maryland's efforts to address the problem of untimely adoptions. These efforts include:

- A revision of the out-of-home case plan;
- A revision of Kinship Care policy;
- Legislative changes such as HB 9 - Liability for Education Costs;
- Use of the legal risk placement process;
- Continuing development of MD CHESSE;
- Diligent search tactics to locate absent parents;
- Good use of ICPC to find appropriate placements;

8. Stability of Foster Care Placements (Point-in-Time Data Elements IV & XI and Cohort Data Element IV).

Point-in-Time Data Element IV shows a slight increase in the percentage of children in the overall caseload who have three or more placements in their current episode of care from 30.5% in FFY/2000 to 33.8% in FFY/2003. Cohort Data Element IV shows the same slight increase for children who entered out-of-home care for the first time in the last three years from 6.60% for children who entered in FFY/2000 to 7.3% of children who entered in FFY/2002. These differences are small and may be due to better reporting of placement changes by workers in local departments in recent years. Point-in-Time Data Element XI, one of six federal child welfare performance measures, is similar to the Cohort Data Element IV except it refers to all entries in a given federal fiscal year, not just first entries.

Point-in-Time Data Element XI at 95.4% for FFY/2000, 94.9% for FFY/2001, and 94.5% for FFY/2002 all exceed the federal standard of 86.70%.

9. Foster Care Re-Entries (Point-in-Time Data Elements V & XII).

Point-in-Time Data Element V shows that about 77% of all children in out-of-home care in Maryland are in their first episode of care. This percentage has not changed in the last three years. Point-in-Time Data Element XII, one of

six federal child welfare performance measures, shows that the re-entry rate for Maryland is also rather stable, varying from a high of 9.6% in FFY/2001 to 8.3% in FFY/2002.

10. Length of Stay in Foster Care (Point-in-Time Data Element VII & Cohort Data Element VI).

The table below summarizes the results for length of stay in out-of-home care measured by two methods based on federal fiscal year for AFCARS submissions and state fiscal year for comparable Maryland calculated data. Except for the Entry Cohort Data Element VI for FFY/2000 (27.1 months) the results of federal calculations using Maryland AFCARS data and Maryland's calculations are very similar. The main difference in the table is due to the difference in the two methods of calculating length of stay as explained below.

Median Length of Stay in Out-of-Home Care

<u>Method</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>
AFCARS – Point-in-Time Element VII		33.6 months	34.6 months	34.5 months
AFCARS – Cohort Data Element VI		27.1 months	18.3 months	N/A
Maryland Data – Point-in- Time	31 months	33 months	34 months	34 months
Maryland Data – First Entry Cohort	20.6 months	18.0 months	17.3 months	N/A

The Maryland point-in-time method measures average length of stay for all children in care on the last day of the fiscal year using the median. The median is more representative than the mean of the typical experience of children. According to AFCARS, a child in aftercare is still in out-of-home care.

The first entry cohort method measures how long children stay in their first episode of care. Fifty percent of the group stayed in care fewer months than the median and 50% stay in care longer. This method is more accurate than point in time because short stay children are better represented. The point in time method undercounts short stay children because few are in care on a given day. The first entry cohort method is more likely to show the effect of program improvements than is a point in time measure. FY/2002 data are not available because insufficient time has elapsed to measure the experience of 50% of the entry cohort.

The trends of the two methods go in opposite directions; that is, length of stay as measured by point-in-time is increasing over time while length of stay as measured by the entry cohort method is declining. The first trend is due to several factors:

- Rapid growth in the out-of-home care population in the late 1990's and fewer entries since then.
- A relatively large number of children are aging in place and are not being offset by a comparable number of new entries who are younger than those now in care (even though the tendency among the entry cohort is one of increasing age) and who tend to stay in out-of-home care fewer months.

In contrast, length of stay as measured by the entry cohort method is declining. This is a hopeful sign as it indicates that child welfare staff are improving in terms of finding permanent homes for children who enter out-of-home care for the first time even while length of stay for the caseload as a whole is increasing.

C. Child and Family Well-Being

Outcome WB1: Families have enhanced capacity to provide for their children's needs.

Outcome WB2: Children receive appropriate services to meet their educational needs

Outcome B3: Children receive adequate services to meet their physical and mental health needs.

Based on any data the agency has available, please respond to the following questions.

1. Frequency of Contact Between Caseworkers and Children and their Families.

Maryland regulation and practice standards require that contact for in-home family services occur within seven working days of case assignment to the program. The signed service agreement between the worker and the family will document the frequency of contact between worker and family (or children), but face-to-face contact must be monthly at a minimum. *The Department reviews records in the CAPS process to determine whether children and families are seen within seven days of assignment and found this measure achieved in 85% of the cases sampled statewide.*

Related to worker contact is the need for local departments to properly assess of risks of harm to children and provide needed services. CAPS

reviews agency performance for use of the risk assessment tools and having on record a signed service agreement with the family. *Statewide results show that the risk assessment is properly used in 97% of the cases, and that in-home services had an acceptable service agreement in 94% of the cases sampled.*

Out-of-home care cases (including kinship care cases) require the child to be seen within one week of placement by the ongoing worker. Contact must continue monthly, with the requirement that the worker see the child in his/her residence at a minimum of every three months. The same requirement holds for the caregiver of the child. A case exception to this requirement occurs when monthly services are being provided by a private child placement agency, at which time the local department must adhere to the three-month contact in the child's residence. Another exception occurs when a child is placed in an out-of-state placement. *CAPS reviews for worker contact documents statewide compliance in 90% of out-of-home care cases sampled.* However, both the CAPS review and the 2002 foster care performance audit document a significant variance among jurisdictions in the ability to achieve this standard, with Baltimore City struggling to meet this requirement. The Department has acknowledged this challenge, and is developing strategies to ensure improved performance.

The assessment of risks of harm and needed services for placement cases is also reviewed in the CAPS process. Out-of-home care cases require this documentation to be found in the child's *case plan* (which includes the needs of family members as well). The standard for acceptable performance in the case plan includes its completeness, parents' and/or caregivers' signature, and date (as case plans must be updated regularly). *CAPS results show compliance on the elements of case planning to be 92% of cases reviewed.*

2. Educational Status of Children.

Assessments of children's educational needs and attention to this in case planning are required in all open service cases in Maryland. For out-of-home care, children must be enrolled in school within five days of being placed. Local departments must request school evaluations for all children who may have special needs. For children younger than five years of age, appropriate assessments are requested from the Maryland Infant and Toddlers Program or local Pre-School Program. Local department staff are expected to participate in the development of the child's educational plan (such as an IEP). Educational services and evaluations are recorded in the case record in the education section of the child's case plan.

If a parent or guardian is unable or inappropriate to advocate for the educational needs of the child, the local department may request the Maryland State Department of Education to appoint an educational surrogate to help ensure that the child's needs are met.

Report cards and other educational services communications are received from the school by the foster parent or caregiver. The local department is expected to acquire copies for the case record.

There is not extensive data on Maryland's performance in this area, primarily because Maryland is without an information system for child welfare. However the 2002 Legislative Foster Care performance audit did find that 35% of the records that they reviewed had 'insufficient documentation to substantiate that the child was attending school'. In response, the Department has instituted a corrective action plan to ensure that both educational needs of children are being met and that documentation will be present in the child's case records. Specific actions include:

- Establishing an Education focus group to address the documentation, training and inter-agency collaboration needed to improve performance in this area;
- Revising the standard case plan to include more detailed information on the child's educational needs and services;
- Revising state policy to clarify the requirement for local departments to facilitate the provision of needed educational services for children;
- Expanding the CAPS review process to include a focus on educational needs and services.

For 2003 the Department has begun to collect data on this requirement. A review of all the local departments of social services will be completed by September 2003 and statewide data should be available for review by November 2003.

3. Health Care for Children.

Under state regulation all children who enter placement must have an initial health screen within five days, and a comprehensive health assessment (EPSDT) within sixty days. In Baltimore City, under the terms of the consent decree, the comprehensive must be within thirty days. Annual physicals are also required. Information from the health assessments is incorporated into the child's case plan and is used to determine needed health services. All children in out-of-home placement are eligible for health care insurance through the Maryland Medicaid Program.

The health needs of the child are considered a priority in determining the most appropriate placement for the case. The caseworker needs to consider both the child's physical and emotional needs in order to develop a service plan. Health history of the child is shared with the foster parent and maintained in the child's medical passport that remains with the foster parent

for the duration of the placement. Copies are kept in the health passport section of the case record.

Health Choice is the somatic health care system for children in placement. Managed care organizations provide somatic health care services for the children in Maryland. In addition to Health Choice, foster children with special needs may receive services under one of the following other programs:

- REM (Rare and Expensive Case Management)
- Treatment Foster Care Program
- Special Needs Difficulty of Care (a stipend for foster parents)
- Treatment Group Homes
- Residential Treatment Centers
- Alternative Living Units (ALU)

Dental care services are provided through the managed care program. However, there is a documented shortage of dentists willing to accept dental fees according to the Medicaid payment schedule.

Data on performance for health care is again limited by the absence of an automated case management system. CAPS has historically sampled for performance of the local department's initial physical for children entering care. *In 2002, the statewide percentage for this item was 67%.*

The 2002 Legislative Foster Care Performance Audit noted:

- "33% of the cases tested could not document annual well-child examination;"
- "14% (of the cases) tested showed no documentation of specific health needs that were identified for the children had been addressed;"
- "69% (of the cases) tested showed no documentation that the child received the required annual dental exams."

Because of the importance of the health of children in care, the Department responded to these findings and instituted corrective actions. In collaboration with the Department of Health and Mental Hygiene, the state is looking at improving the availability of dental services for children. Just recently, a new partnership has been formed with the University of Maryland Dental School to serve children in out-of-home placement. Internally the Department has expanded CAPS to focus more on the health needs of children, revised our

training for foster care staff to ensure health care as a priority, and worked with local department managers and supervisors to identify ways to ensure success.

4. Mental Health of Children

When children enter placement, the comprehensive assessment includes a mental health assessment to determine if further evaluation or treatment is needed. If there are behavioral indicators that reveal the need for a mental health assessment, then one is scheduled and provided. Ongoing mental health services are provided according to the diagnosis and recommendation of the mental health professional.

Mental health services are documented in the case record using the child's health passport and any mental health reports provided by the therapist. For child placement agencies that provide mental health services, quarterly reports are required and placed in the child's record.

Maryland Medicaid uses a fee for service system for mental health services for children in foster care. A managed care enterprise, Maryland Health Partners approves the provision of services including the frequency. Local core service agencies (public mental health) may provide additional services to the child if available.

Again, systematic data on performance is not readily available in Maryland. The Legislative Foster Care Audit of 2002 noted: "There was no documentation that children received therapy in approximately 28% of the out-of-home care cases audited".

The Department's action in response to this finding was to revise the case plan to clearly document needed therapy recommendations and follow-up services, and to provide training to the local department staff on facilitating such needed services, and accurately documenting their provision.

The Department does have some well being data to show how children fare in Kinship Care Services. The following table documents the findings of an independent researcher who evaluated the guardian assistance project, an approved IV-E waiver project in Maryland. The vast majority of the children reported attending school, and overall safety and stability in their current homes.

Results of Child Well Being Interviews Based on Convenience Sample of Youth Age 11 Years and Over in Guardianship Assistance Project:

Includes Youth Still in Care and Recent Exits from Out-of-Home Care

	Percent Positive Response	Number of Youth Responding
Are you currently attending school? Yes	94.6%	148
Can you count on caregiver to make sure no one hurts you? Yes	99.3%	141
Do you think you'll be living with your current caregiver next year? Yes	94.7%	132
Do you want the home you are living in now to be your permanent home? Yes	82.3%	124
Do you ever see your mother? Yes	92.9%	128
Do you wish you saw your mother more, less, or about the same? More	67.8%	121
Do you ever see your father? Yes	55.6%	126
Do you wish you saw your father more, less, or about the same? More	75.7%	103
Ever run away from your current family for over-night or longer? No	88.5%	148
Ever been thrown out or locked out of this home for overnight or longer? No	92.5%	147
Ever had counseling about personal or family problems? Yes	46.2%	132
Ever received tutoring for schoolwork? Yes	42.3%	137

Source: Guardianship Assistance Project Final Evaluation Report – Review Draft

SECTION V - STATE ASSESSMENT OF STRENGTHS AND NEEDS

Based on examination of the data in section III and the narrative responses in sections II & IV, the State review team should respond to the following.

- 1. Determine which of the seven outcomes and systemic factors examined during the Statewide Assessment are primarily strengths and note them.**

Outcome S1: Children are, first and foremost protected from abuse and neglect.

Outcome S2: Children are safely maintained in their homes whenever possible and appropriate.

Maryland developed a process and structured decision-making to assess, and plan for, the safety of all children in the child welfare system. Statewide training on safety assessment was made available to all child welfare staff. A process and forms have also been developed to assess for risk, and statewide training is being made available to all child welfare staff beginning in the summer of 2003.

Outcome P1: Children have permanency and stability in their living situations.

Maryland consistently does well in maintaining children in their placement settings. Of all children served who have been in foster care less than 12 months from the time of the latest removal from home, 94.5% of them had no more than two placement settings in FFY/2002 (Standard: 86.7% or more). In FFY/2001, the percentage was 94.9%, and in FFY/2000 it was 95.4%.

Maryland showed an improvement in FFY/2002 in its foster care recidivism rate. Of all children who entered care, 8.3% re-entered foster care within 12 months of a prior foster care episode (Standard: 8.6 or less).

One systemic strength is Maryland's quality assurance system of Citizens' Review Board for Children, Foster Care Court Improvement Project, and CAPS monitoring of the safety, permanency, and well being of children in the child welfare system. There has been considerable emphasis in Maryland on the court arena, through the Foster Care Court Improvement Project. Training for judges, masters and attorneys has been expanded, a child welfare bench book has been developed, the Child in Need of Assistance statute was revised, revision of the TPR statute is in process, there are now 14 Court-Appointed Special Advocate programs, and guidelines were developed for attorneys representing children. Because of the increased use of alternate

dispute resolution methods Baltimore City and Anne Arundel County have reduced their TPR backlogs.

Additional systemic strengths include staff and provider training and agency responsiveness to the community.

- 2. Determine which of the seven outcomes and systemic factors examined during the Statewide Assessment are primarily areas needing improvement and note them. Identify those areas needing improvement that the State would like to examine more closely during the onsite review, for example, to explore possible causal factors. Prioritize the list of areas needing improvement in relation to the outcomes of safety, permanency, and well being.**

Clearly an area of great concern for Maryland, and one that should be examined closely during the onsite review, is the excessive length of time between the removal of a child from home and a finalized adoption. Of all children who exited care to a finalized adoption in FFY/2002, only 14.7% exited care in less than 24 months from the time of the latest removal from home (Standard 32.0% or more). In FFY/2001, the percentage was 16.0, and in FFY/2000 it was 13.9.

A second area of concern for Maryland is the time it takes for children to be reunified with their parents. Only 53.2 % of them were reunified in less than 12 months (Standard: 76.2 % or more).

In reference to the systemic factors, the fact that MD CHESIE is still in the process of being developed underlines a major problem in Maryland's statewide information system capacity. The problems with the other data systems were noted.

- 3. Recommend two additional sites (the State's largest metropolitan area is a required location) for the onsite review activities using the strengths and areas needing improvement noted in VI and V2. Attempt to select sites in which issues identified through the Statewide Assessment will be present and observable. Note the rationale for selecting these sites; if there are no issues that require further examination during the onsite review, explain which factors the State considered in site selection (for example, to create a mix of rural and urban areas, or to include areas with typical practices).**

The two additional sites recommended by The Department of Human Resources are Anne Arundel County, a suburban county that is part of the Washington, DC metro area, and Allegany County, a rural county in Western Maryland approximately 100 miles west of the Baltimore/Washington metropolitan area. Together with Baltimore City, each has distinctive socio-

demographic characteristics, problems, and resources that have an impact on child welfare practice and outcomes.

Allegany County

Nearly 30% of the population of Allegany County (74,930) lives in the main city of the county, Cumberland, Maryland. Cumberland serves as an urban center for rural areas of the county and nearby sections of West Virginia and Pennsylvania. Allegany County is in the Appalachian Mountains and is similar in that respect to Garrett County further west and parts of Washington County further east.

Cumberland was a railroad center and manufacturing center but it has lost jobs in both sectors in recent decades. The county has a depressed economy with per capita and family income much below the state average. Allegany County has a relatively low percentage of professional or managerial occupations (27%) and its population is behind the rest of the state in education. Only 14% of the adult population has a college degree compared to 31 % in the state as a whole. A high percentage of the population is white (93%) and native born (98.8%) compared to the rest of the state (64% and 90% respectively). A relatively high percentage of the population age 15 and over is married (58%) and is living in owner occupied dwellings (70%). The county ranks 16 out of 24 jurisdictions in terms of population of youth (18,067 below age 20).

The county ranks 14th in the number of child protective service investigations which close with a finding of possible maltreatment (300 in FY 2002). The county ranks 13th in the number of out-of-home care entries in FY 2002 and 12th in the size of the out-of-home care caseload (91 children) as of March 2003.

Allegany County is considered a model for community collaboration, a direction that the Department is heading in. Performance data for SFY 2002 shows this jurisdiction to be a high performer in the area of reunification, with 70% of the children who were reunified being returned in less than 12 months. They also had the highest performance in the timely completion of investigations (94%), and their performance on their adoption goal was 170% (12). However, repeat maltreatment (18%) and re-entry (30%) are considerably higher than the state average as well as the federal performance expectations. The leadership in Allegany County, along with that of 3 other western counties has begun to analyze recidivism data at the individual case level to determine elements that have an impact on their performance. Not surprisingly, they have found chronic neglect and substance abuse to be significant factors.

Anne Arundel County

Anne Arundel County is similar to other suburban counties in the Baltimore/ Washington area in that it is growing rapidly, is prosperous and has an educated population. A high percentage of the work force works in government, technical, business, and service sectors. The county benefits from its proximity to Baltimore and Washington and serves as a bedroom community to both. The county has a higher per capita and family income than the state average. The county has median household income (\$61,766) twice as high as Allegany County or Baltimore City.

The county's unemployment rate and poverty rate are both significantly below the state average. A high percentage of the county's adult population (86.4%) has graduated from high school and college (30.6%). A relatively high percentage of the population age 15 and over is married (58%) and is living in owner occupied dwellings (76%). The county ranks 5th out of 24 jurisdictions in terms of population of youth (135,492 below age 20).

The county also ranks 5th in the number of child protective service investigations which close with a finding of possible maltreatment (1,073 in FY/2002). The county is successful in working with families to assure child safety without removing the child from the home. It ranks 8th in the number of out-of-home care entries in FY/2002 and 7th in the size of the out-of-home care caseload (198 children) as of March 2003.

Anne Arundel County performs better than the state as a whole on measures of repeat maltreatment and re-entry and is close to the state figure (FY 2002) on time to reunification and time to adoption. Both Allegany and Anne Arundel had generally similar compliance percentages on the CAPS reviews for that same time period.

State Fiscal Year 2002 Performance Data for the Proposed Sites:

	<u>State</u>	<u>Baltimore City</u>	<u>Anne Arundel</u>	<u>Allegany</u>
Repeat Maltreatment proxy measure	8.1%	8%	6.3%	18.4%
Re-entry proxy measure	8.8%	8.8%	4.2%	29.6%
Return home in 12 months proxy measure	58.2%	50%	59.1%	70.4%
Children placed for adoption within 24 months measure	26.8%	15.2%	29.4%	20%

- 4. Provide comments about the State's experience with the Statewide Assessment instrument and process (this information will assist ACF in continually enhancing the child and family services reviews' procedures and instruments).**

Maryland measures program performance and compliance through its Managing for Results and CAPS data collection. The Statewide Assessment instrument dovetails nicely, and its added attention to detail has been very helpful in assisting in the determination of the State's strengths and weaknesses.

- 5. Provide the names and affiliations of the individuals who participated in the Statewide Assessment process; please also note their role in the process.**

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Glossary of Acronyms

- ACF** - **Administration for Children and Families** – a division of the U.S. Department of Health and Human Services.
- AFCARS** - **Adoption and Foster Care Analysis and Reporting System** – federally mandated automated case management system designed to capture and track certain child welfare data elements.
- APPLA** - **Another Planned Permanent Living Arrangement** – a federally accepted permanency plan added through the enactment of the John H. Chafee Independent Living Act.
- ASCRS** - **Adoption Search, Contact and Reunion Services** – a program designed to reunite adult adoptees with members of their birth families.
- ASFA** - **Adoptions and Safe Families Act** – federal legislation promoting permanency for children by expediting the adoption process when return to family is not in the child’s best interest.
- CAPS** - **Child Welfare and Adult Services Performance System** – process of case record reviews and CIS database to measure compliance with State and Federal mandates for child safety, permanency and well being.
- CINA** - **Child in Need of Assistance** – “means a child who requires court intervention because: (1) the child has been abused, has been neglected, has a developmental disability, or has a mental disorder; and the child’s parents, guardian, or custodian are unable or unwilling to give proper care and attention to the child and the child’s needs.”
- CIS** - **Client Information System** – Maryland’s automated electronic system that maintains data related to services provided by a local department of social service.
- COMAR** - **Code of Maryland Regulations** – collection of program requirements and policies established by state mandates.
- CPS** - **Child Protective Services** – a specialized service provided by local departments of social service to children and families in situations where neglect or physical or sexual abuse are alleged.
- DCDC** - **Detailed Case Data Component** – federally required data gathering process for child abuse and neglect.
- DJS** - **Department of Juvenile Services** – Maryland agency responsible for serving juvenile offenders and their families.

- EPSDT - Early and Periodic Screening, Diagnosis and Treatment** – a comprehensive health assessment schedule required for children.
- FACTS - Foster Care and Adoption Child Tracking System** – a CIS data subsystem geared solely to record and track information on children in foster care, kinship care and adoption in Maryland.
- FCNB - Family Centered, Neighborhood Based** services – program designed to maintain children in their own homes, and when that is not possible, in their own neighborhoods while ensuring the safety, permanence and well-being of the children.
- ICPC - Interstate Compact on the Placement of Children** – systematic process among states to ensure protection and services to children placed across state lines for foster care and adoption.
- ICWA - Indian Child Welfare Act** – 1978 federal legislation establishing “minimum standards for the removal of Indian children from their families and the placement of such children in foster or adoptive homes which will reflect the unique values of Indian culture.”
- IEP - Individual Education Plan** – developed by the school system for children who need specialized educational services.
- MARE - Maryland Adoption Resource Exchange** – a statewide photo registry of children waiting to be adopted, as well as approved adoptive parents.
- MCVAR - Mutual Consent Voluntary Adoption Registry** – computerized match registry of adoptees seeking birth parents or birth parents seeking adoptees.
- MFR - Managing for Results** – data collection model measuring key outcomes, outputs and compliance indicators tied to budget requests.
- NCANDS - National Child Abuse and Neglect Data System** – automated case management system designed to capture and track child welfare data.
- MD CHESSIE - Maryland Children’s Electronic Social Services Information Exchange** – Maryland’s SACWIS project, currently being developed.
- MEPA - Multi-Ethnic Placement Act** – prohibits the delay or denial of a foster or adoptive placement based on the race, color, or national origin of the prospective foster parent, adoptive parent, or child.
- MOA - Memorandum of Agreement** – agreements between and/or among two or more agencies, i.e. DHR and law enforcement, specifying protocols for cooperation.

- OCOC - One Church, One Child** – a national adoption recruitment program connecting community religious leaders with adoption agency officials to secure homes for waiting children.
- PRIDE - Parent Resources for Information, Development and Education** – a training model designed for strengthen the quality of family foster care and adoption services.
- REM - Rare and Expensive Case Management** – health care program designed to provide services to foster care children who have serious and/or complex special needs.
- SACWIS - Statewide Automated Child Welfare Information System** – federal electronic child welfare data tracking model.
- SAFE-C - Safety Assessment For Every Child** – Maryland’s assessment tool that alerts staff to situations that pose an imminent danger requiring immediate intervention to protect the child.
- SDC - Summary Data Component** – federally required data gathering process that collects aggregate child abuse and neglect data.
- SFC - Services to Families with Children** – program designed to provide services needed to maintain family stability and unity.
- SSA - Social Services Administration** – the child welfare division of the Maryland Department of Human Resources.
- TASK - Training, Advocacy and Support for Kin** – program of the Resource Parents Project which provides training for kinship caregivers.
- TCA - Temporary Cash Assistance** – program providing funds for families needing financial aid.